



Saint Matthew Lutheran Church

Vacation Bible School Registration Form

Student Information

CHILD'S NAME	GRADE COMPLETED	BIRTH DATE
SPECIAL NEEDS <input type="checkbox"/> DIFFICULTIES WITH FOCUS <input type="checkbox"/> WOULD BENEFIT WITH AN ADULT "BUDDY" IN CLASS <input type="checkbox"/> HAS TROUBLE READING		
OTHER: FOOD ALLERGIES, PHYSICAL LIMITATIONS (EG., ASTHMA)		

Safety & Emergencies

NAME OF PARENT(S)	BEST PHONE #	USE THIS AS THE MAIN # FOR DIRECTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	EMAIL	
NAME OF PERSONS OTHER THAN PARENT(S) WHO MAY PICK UP CHILD(REN)		
NAME OF PERSONS WHO MAY NOT PICK UP CHILD(REN)		
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	RELATIONSHIP TO CHILD

I/WE HEREBY AUTHORIZE EMERGENCY, MEDICAL, DENTAL, HEALTH, OR HOSPITAL SERVICES TO BE RENDERED TO MY CHILD UPON CONSENT OF A SAINT MATTHEW LUTHERAN CHURCH STAFF MEMBER OR DESIGNATED VOLUNTEER. THE PURPOSE OF THIS AUTHORIZATION IS TO PERMIT MY CHILD TO RECEIVE EMERGENCY MEDICAL ATTENTION WHEN NEEDED WHILE INVOLVED IN THE ACTIVITIES CONNECTED WITH THE SUNDAY SCHOOL PROGRAMS WHEN I OR MY EMERGENCY CONTACT IS UNAVAILABLE TO GIVE CONSENT.

SIGNATURE	DATE
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Photo Consent

- I GIVE PERMISSION TO SAINT MATTHEW TO ALLOW PHOTOS OF MY CHILD FOR USE ON THE CHURCH WEBSITE (NAMES WILL NEVER BE USED WITH PICTURES)
- I DO NOT WANT PHOTOS OF MY CHILD TO BE USED IN ANY WAY

Church Affiliation

NAME OF CHURCH	ARE YOU LOOKING FOR A CHURCH HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
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