

15460 Triskett Road
Cleveland, OH 44111
216-941-7880

Vacation Bible School
July 8th – 12th 9:00am – 12 noon

Child's Name _____

Age and Last School Grade Completed _____

Birth Date _____

Parent or Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

Home E-mail _____

Food Allergies _____

Other Medical Conditions _____

Home Congregation _____

Person responsible for picking up this child from VBS each day

Name _____ Telephone _____

In case of Emergency (when parent or guardian cannot be reached) please contact

Name _____ Telephone _____

Mail completed Registration to Bethany English Lutheran Church

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Parent Signature: _____ Date: _____