



**Registration Form Vacation Bible School
(One Form per Family)**

Child(ren) Name(s) and age(s):

Parent(s)/Guardian(s):

Address:

Phone # & Email:

Permission to Participate:

**I give my child(ren) _____
permission to participate in Science Mondays Vacation Bible School.**

Choose one:

Without restrictions

With restrictions

(please list all food and medical allergies and any special considerations)

Media Release: I/we understand that, during Vacation Bible School, the participants may be photographed and hereby authorize and agree to Holy Trinity's and Grace Lutheran's use, reuse, and distribution of images for such purposes, including, Facebook and other public media as may be deemed appropriate. Holy Trinity Lutheran Church and Grace Lutheran Church will not include children's names in such publications.

Parent/Guardian Signature: _____

Date: _____