

VBS Registration Form 2020



Christiana Lutheran Church

26691 Pillsbury Avenue

Lakeville, MN 55044

952-461-2283

www.christianialutheranchurch.org

Child Info

Child's Name *

Grade (Spring 2020) *

Birthdate *



So that we can best serve your child, please list any needs that we should be made aware of (i.e. Allergies, Dietary Restrictions, Learning Disabilities, Medical Concerns, Physical Impairments, Emotional/Behavioral Supports, etc.)

Parent/Guardian 1 Info

Name *

Primary Phone *

Alt. Phone

Email *

Parent/Guardian 2 Info

Name

Primary Phone

Alt. Phone

Email

Emergency Contact

Name *

Relationship to Child

Primary Phone *

Alt. Phone

Parent Volunteer Opportunities

Please check boxes of ways you are willing help at the church

☐ Bible Lesson Teacher

☐ Games

☐ Crafts

☐ Music

☐ Snack/lunch set-up

☐

Waiver

- ☐ I give permission for my child to be photographed. Pictures will be used throughout the church and on church website/social media accounts.
- ☐ In the event of a medical emergency during a program activity, we, the parent(s)/legal guardian(s) do hereby give our permission for our child to receive medical treatment in our absence. The adult supervisor may act as an agent in our absence. In case of accident, we do not hold Christiania Lutheran Church, its staff, or the adult/teen volunteers responsible for accident or injury. We understand that all costs incurred will be the responsibility of the parent/legal guardian.

Primary Clinic

Clinic Location

Name of Primary Physician

Physician Phone Number

Statement of Understanding

- ☐ By checking this box and entering my name below, I am electronically signing this registration form.

Signature

Date *

