

# Gloria Dei Lutheran Church

## VBS 2018: July 9-13, & 15

# "Lost & Found"

## The Prodigal Son

### Luke 15:11-32



### Registration Form:

Please return this form with the registration fee to the church office.

All children, age 3 (by January 31<sup>st</sup> and potty trained) to those entering 6<sup>th</sup> grade in the fall, are welcome to join us as we grow in faith and share God's love! VBS begins at 8:50 a.m. and ends at 12:10 p.m. There is a registration fee of \$25 per child. Please contact the church office regarding scholarship information.

Child's Name (First and Last)	Grade (K-6) (Fall of 2018)	Birth Date (3 & 4 Yr Olds)	Potty Trained? (3 & 4 Yr Olds)	Food Allergies*	Special Needs*
1.					
2.					
3.					
4.					

\*If your child(ren) has allergies or special needs, please indicate what they are and include necessary provisions. Use the back of this form as needed.

- Gloria Dei is NOT allowed to photograph my child(ren) for a VBS DVD, newsletter, the Gloria Dei children's website or Facebook page. (Names and name tags are never displayed online identifying a child.)
- Please contact me about volunteering at VBS. Thanks!

Parent/Guardian: \_\_\_\_\_ Contact Ph: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

I hereby give permission that the child(ren) listed in the above registration form may be given emergency treatment including first aid and CPR by qualified Gloria Dei staff. I further waive my right of informed consent for the transport of said child(ren) to a qualified physician for medical treatment if deemed immediately necessary and I am unable to be contacted. Furthermore, if the child(ren) is injured in any way during attendance of the VBS program, I agree not to hold Gloria Dei Lutheran Church legally or financially responsible for said injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is anyone not allowed to pick up your children, please speak with one of the registrars.

Check out will be closely monitored with adult signature required.

Registration Fee: Number of children \_\_\_\_\_ x \$25= \_\_\_\_\_

Sponsor a Child: I'd like to sponsor a child. \$ \_\_\_\_\_

Please make checks out to GDLC and note "VBS Registration" on the Memo line.

Return this form with the registration fee to the church office. Please contact the church office regarding scholarship information. Registration fees are partially refundable until June 20. No refunds after June 20, unless serious illness or injury prevents attendance.

Thank you.



**Office Use:**  
Cash/Check #:  
Amount:  
Initial:  
Date: