

**Christ the King Lutheran Church, Twinsburg, (330)-425-7377, ctktwinsburg.com
Vacation Bible School Registration, June Sunday 10-Thursdays 14, 2018, 6pm-8:30pm**

Please print legibly. Parent or guardian is to complete this form in pen. Thank you.

STUDENT INFORMATION:

First Name: _____ Last Name: _____ M/F _____

Street Address _____ City _____ Zip _____

Birthdate: _____ Grade entering in fall _____ T-Shirt Size (circle one): YS YM YL AS AM AL

Allergies: _____

Note any special information that we should know about your child: _____

Home Church: _____ City: _____

PARENT/GUARDIAN INFORMATION:

First and Last Name: _____

Address (if different from student's): _____

Cell Phone: _____ Email: _____

The following persons have my permission to drop off and pick up my student:

Initial if you **do not** give us permission to take pictures of your student

Release: I give permission for the student named above to participate in the Vacation Bible School (VBS) at Christ the King Lutheran Church, Twinsburg. I also consent to the use of photographs or video recordings by the church for future publicity (unless noted above).

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment, but if it is important to do so, I hereby give my permission to transfer my child to an emergency facility by staff or ambulance to get proper treatment. If I cannot be located, I give permission to attending physician to treat my child as necessary.

I authorize the church coordinator, or their designee, to administer any drug or medication as I direct that I leave in their care during the VBS

Date Relation to student Print Name Signature