

Trinity Lutheran Church  
Vacation Bible School 2011

June 20 - 24

9am-12pm



## Put on the Armor of God!

Registration Form

One for each participant, please.

Child's Full Name \_\_\_\_\_ Name to be called \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age in years \_\_\_\_ Grade in school (grade for 11/12 school year) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact(s) (please include names, numbers, and relation to your child)

\_\_\_\_\_  
\_\_\_\_\_

If your child will not go back to TLC daycare after closing program each day, please list the people who have permission to pick up your child. Also include Drivers License Numbers for all who may pick up your child. **Please be sure to get a dismissal number upon turning in your registration form(s).**

Name \_\_\_\_\_

Name \_\_\_\_\_

Is there anything we should know about your child? (ex: this is his/her first experience away from home)

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our VBS program?

Member \_\_\_ TLC Daycare \_\_\_ Trinity Preschool \_\_\_ Newspaper \_\_\_ Other \_\_\_\_\_

\***EVERY** child coming to Vacation Bible School **MUST** provide a copy of **state form 3231** or **Proof of Immunization**.

**\*Please fill out the Medical Information form and the attached Release.**

**\*\*If you are a student at Trinity Lutheran Church Preschool or Daycare, there is no need to attach form 3231 as we have this information on file.**

## Emergency Medical Information Form

Child's Full Name: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Secondary Insurance (If applicable) \_\_\_\_\_

FAMILY DOCTOR or PEDIATRICIAN: \_\_\_\_\_

Phone number: \_\_\_\_\_

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**Medical History/Other Medical Information**

*Please circle "yes" or "no" to the following questions. If you can answer "yes" to any of the following, please explain.*

Yes No Allergies? \_\_\_\_\_

Yes No Heart Condition? \_\_\_\_\_

Yes No Fainting? \_\_\_\_\_

Yes No Upset Stomach? \_\_\_\_\_

Yes No Allergic to Bee Sting? \_\_\_\_\_

Yes No Allergic to Medicines? Please name them: \_\_\_\_\_

Yes No Poison Ivy, Oak, Sumac? \_\_\_\_\_

Yes No Other Allergies? \_\_\_\_\_

Yes No Has your child had any serious illness or surgery recently (within the past three months)?

Yes No Does your child have any condition that would prevent him/her from participating in any VBS activities?

Yes No Is your child a diabetic? \_\_\_\_\_

Yes No Does your child have any sight or hearing impairment?

Date of last Tetanus \_\_\_\_\_

Yes No Does your child take daily medicines *that we would need to administer*? If so please name them and give specific, detailed instructions: \_\_\_\_\_

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