

DISMISSAL # _____

Trinity Lutheran Church
Vacation Bible School 2009
June 21 – 25, 2010
9am-12pm

SonQuest Rainforest

Follow JESUS on a Life-Changing Adventure!

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 10/11 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 _____ DL# _____

Name _____ DL# _____

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: _____

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: _____

EVERY child attending Vacation Bible School MUST have state form 3231 or Proof of Immunization.

