



Vacation Bible School at Lutheran Church of the Cross
 For children with preschool experience, Age 3 - completed 5th grade
 June 12 - 16, 2017 9:00am-1:00pm

\$30 per child/ \$65 maximum per family
PAYMENT DUE WITH REGISTRATION
 Registration closes Wednesday May 31, 2017

NON LCC DAY SCHOOL STUDENTS ONLY!!!! Please complete and notarize the EMERGENCY MEDICAL RELEASE located on the back of this form.

Child's Name	Grade Completed/Age	DOB	Allergies	*Club Outreach (3 rd -5 th only) Yes/No
1.				
2.				
3.				

In case of multiple classes, list 1 or 2 friends you would like us to try to place with your child, no guarantees.

1. _____ 2. _____

Parent/Guardian _____

Address _____ Zip Code _____

E-mail _____

Phone # (best between 9am-1pm) _____ 2nd # _____

Emergency Contact Name _____ Phone # _____

Can you volunteer to help during VBS? (Please circle one) YES / NO

Volunteer Options Available:

Class Leaders, Class Helpers, Kitchen Helpers, Food Donations, Station Leaders, Nursery Helpers (If needed), other

Name of Church you attend: _____

Please note: All volunteers must complete a volunteer form before they can work with children. Contact church office or www.myfcc.com for form.

***CLUB OUTREACH** - Registered 3rd, 4th, & 5th graders can extend their Vacation Bible School experience and participate in a variety of community service projects. Some projects may take students off campus.

This optional program is for students that have completed 3rd, 4th & 5th grade and takes place after VBS from 1:00-3:30PM. There is no additional fee for CLUB OUTREACH.

(Over)



EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (If custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)

SEAL OF NOTARY