

ST. ANDREW'S LUTHERAN CHURCH VACATION BIBLE SCHOOL JULY 25-29, 2016

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM, AS WELL. THANK YOU

My child attended St. Andrew's VBS in 2015

Child's Name _____
(Last Name) (First Name) (Preferred Name)

Address _____

City/State/ZIP Code _____

Gender: M F Age _____ Date of Birth* _____ Entering Grade _____
(* May not be later than August 1, 2012)

Parent's Names _____

Primary Telephone _____ Cell Phone (if different) _____

Primary Email address _____

Emergency Contact (Other than parent) _____

Emergency Contact Telephone _____

Brothers and/or sisters attending VBS (names and ages) _____

Is this child baptized? (Circle one) Yes / No Attends Sunday School at _____

Please list any allergies (including food allergies), health conditions, behavioral issues, or other information our VBS staff should be aware of. **Children with nut or other food allergies are required to bring their own daily snack.**

Children are eligible for an Extended Day Program for an additional cost. Extended Day would be Tu – We – Thu from 12-4, at a cost of approximately \$30 per child. Please check here if you are interested. A minimum number of students must enroll for this program to be offered. Additional information will be provided if the minimum number is reached.

My child is interested in the Extended Day Program

COST: \$20 for 1 child, \$30 for two siblings, \$40 for 3+ siblings (family maximum)

T-Shirt Size: Youth Sizes _____XS (2-4) _____S (6-8) _____M (10-12) _____L (14-16)

-----Do not write below this line-----

Amount & Date Paid _____ Circle payment method: Cash Check Credit Card (Visa or MC only)

VBS PHOTO POLICY 2016

Photos may be taken of children while they participate in Vacation Bible School activities here at St. Andrew's. In addition to being used for craft projects (picture frames, etc.) these photographs provide us with a great way to communicate the ministries St. Andrew's offers. In order to use these photographs in our church publications or on our website and Facebook Page, we need your permission. Please be advised, **no child will be identified by name either in print, on the website, or on the Facebook page.**

Thank you for your child's VBS participation at St. Andrew's Lutheran Church. Please fill out the bottom portion to let us know if you give your permission.

Yours in Christ,

Manuel Retamoza, Pastor



_____ My child's photos can be put online and/or used in publications, including Facebook

_____ Please do not put my child's photos in a publication or online

I understand that no names will be used regardless of whether photos will be used in publications or online

Parent/Guardian name: _____

Child's name: _____

Your signature: _____ Date: _____

Comments:

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM, AS WELL.
THANK YOU.**