

VACATION BIBLE SCHOOL REGISTRATION—2017

Antioch Lutheran Church
First Presbyterian Church of Farmington
North Congregational Church

Held at Antioch Lutheran Church (NE corner of Farmington & 13 Mile)
July 31 -August 4, 2017; 9:30 a.m. to Noon
Entering Grades K-5 (younger children may attend with a parent)
Children entering Grades 6 and above are welcome to volunteer!
\$20 per child - \$50 for families of 3 or more

Children's Names and Grades (entering Fall 2017)

1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____
4. _____ Grade _____

Name of Parent(s) or Guardian(s) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Home church _____

Persons other than parents to be notified in case of an emergency:

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Who may pick up your child from VBS? _____

Any allergies or special considerations for your child? _____

Please put my child in the same tribe as _____

_____ Yes, I or my child would like to volunteer!

PLEASE FILL OUT AND SIGN THE
MEDICAL and PHOTOGRAPHY RELEASE FORMS
ON THE BACK →

MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency or non-emergency situation in which medical treatment is required for _____

as a result of participation with the 2017 Vacation Bible School program held at Antioch Lutheran Church , Farmington Hills, Michigan, I authorize the on-site adult leaders, volunteers, and staff members to act as my agents and thereby consent to emergency medical treatment. I understand that every reasonable attempt will be made to contact me in the event of an emergency.

Parent/Guardian Signature

Date

PERMISSION TO BE PHOTOGRAPHED

During VBS, photographs may be taken by local news media, Antioch Lutheran Church, North Congregational Church, or First Presbyterian Church of Farmington for use in websites, news articles, and publicity materials. Any photographs used will **NOT** include the names of children.

Names of children: _____

_____ I give permission for photographs of my sons/daughters to be used.

_____ I do NOT give permission for photographs of my sons/daughters to be used.

Parent/Guardian Signature

Date

Please make checks payable to Antioch Lutheran Church.

Write "VBS" on the memo line.

Return registration form and payment to:

**Antioch Lutheran Church
33360 W. 13 Mile Road, Farmington Hills, MI 48334
(248) 626-7906
antiochelca@sbcglobal.net
www.antiochelca.org**

Thank You!