

**HOSANNA! LUTHERAN CHURCH**  
**2017 VACATION BIBLE SCHOOL**  
**July 24-28, 9:00-11:50 a.m.**

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME or CELL PHONE \_\_\_\_\_

PHONE# where parent can be reached during VBS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

In the event of a medical emergency, Hosanna! will attempt to contact the parent/guardian before authorizing medical care. Should it not be possible to contact them by telephone, the parent/guardian hereby gives their consent for treatment by a physician, including emergency room and hospitalization as necessary.

\_\_\_\_\_ Parent/Guardian signature

Children to be enrolled. (Children must turn 4 years of age by September 1, 2017 through 5th grade. Please register children in the **grade THEY FINISH IN JUNE, 2017.**)

	NAME	BIRTH DATE	GRADE 2016/17	Male/Female
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Any allergies or special needs? Please list child's name and give a brief explanation on reverse side of this form.**

Check here if willing to:

\_\_\_\_\_ Teacher \_\_\_\_\_ Teacher's Assistant

\_\_\_\_\_ Help in Nursery - Please circle which days M T W Th F

\_\_\_\_\_ Help in an activity station, especially Middle School and High School

\_\_\_\_\_ Help with crafts, games, story, or food (circle interest)

\_\_\_\_\_ Help where needed - Please circle which days M T W Th F

\_\_\_\_\_ Help prepare craft items at home

\_\_\_\_\_ If you are a teacher, would you like your child(ren) in your class.

\_\_\_\_\_ If you have more than one child enrolled, do you wish them to stay together.

The children will be in mixed age groups. If there is **one** friend your child wants to be with, please indicate that below.

\_\_\_\_\_

Register on line, drop off registration form at Hosanna! or mail to: Hosanna! 36W925 Red Gate Road, St. Charles IL 60175. Questions? Contact Lynette Anderson at 630-584-6434 or [Welcome@HosannaChurch.com](mailto:Welcome@HosannaChurch.com). **In the event that plans change and your child will not be attending please contact us so we can open the spot for another child.**

*Please fill out both pages of the form*

Hosanna! has my permission to use my child's picture and first name for publications which may include multi-media productions and/or displays at church.

Yes \_\_\_\_\_

No \_\_\_\_\_

My child can be included in a class picture that will only be used during VBS:

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

To help our office staff with Vacation Bible School mailings, please check: Hosanna! Member  yes  no

**Please be aware of the following special circumstances for this child:**

**Name** \_\_\_\_\_

**Circumstances** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_