

HOSANNA! LUTHERAN CHURCH
2018 VACATION BIBLE SCHOOL
July 23-27, 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 must turn 4 years of age by September 1, 2018 through 5th grade. Please register children in the **grade THEY FINISH IN JUNE, 2018.**)

NAME	BIRTH DATE	GRADE 2017-18	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? (Please no more than a 3 year grade span)

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

Register by dropping off registration form at Hosanna!: Hosanna! Church, 36W925 Red Gate Road, St. Charles IL 60175 or by email to LynetteA@HosannaChurch.com. Questions? Contact Lynette Anderson at 630-584-6434 or by email. **Unfortunately, registration space is limited, so submit both sides of this form soon!**

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.

Hosanna! has my permission to use my child's picture for publications which may include multi-media productions, online and/or displays at church (no names will be used).

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 _____

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

Name _____

Circumstances _____

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

Name _____

Circumstances _____

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

Name _____

Circumstances _____