

VBS 2021- Registration Form

Heavenly Host Lutheran Church

777 South Willow Ave/ Cookeville

HeavenlyHostLCMS.org

(931) 526-3423



Please return this form to the church by May 30th (one form per child). Thank you!

Prefer to register online? Great! Simply go to: HeavenlyHostLCMS.org

At VBS, it's all about Jesus! Our VBS is designed for kids currently in PreK up through 5th grade (that being said, preschool aged children and parents are of course welcome to participate too).

Each day at VBS kids will experience Bible stories, music, games, and more! Mark your calendar and invite your friends! We are excited about VBS and hope that YOU will be able to join us!

Dates & Times: Mon-Fri, June 14-18. VBS activities will run from **9:00am - 11:30am** (Mon-Thurs). On Friday, VBS will go from 9:00am - 11:00am, with a brief *Closing Program* at 11:00am.

We are excited for your child(ren) to attend VBS and have fun learning about Jesus!

Child Info

First & Last Name of Child: _____ ☐ Male ☐ Female
Child's Age: _____ Date of Birth: ____/____/____ School Grade this Fall: _____

Allergies, medical issues, or special needs of child: _____

In Case of Emergency, please contact: _____



Relationship to Child: _____

Emergency Phone#: _____

Parent Info

First & Last Name of Parent(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Cell Phone: (____) _____ - _____ Home Telephone: (____) _____ - _____

Email Address (Parent): _____ Church you attend? _____

Permissions & Signature

Photo Release: Yes, I give permission to use photographs/videos taken at VBS of the minor designated above for church publications (includes the church Website, Facebook, Instagram, Print & Online Newsletter, etc.). *

** If you do NOT want to give this permission, inform DCE Emily directly, and write "no" here: _____.*

Medical Release: I give my permission for the VBS volunteer staff to administer basic first aid to my child (named above) in the event of an injury. I understand that in the event of a significant injury, the VBS staff will contact emergency services.

Permission to Attend: I give permission for my child (named above) to attend Vacation Bible School.

Parent Signature

Date

Date Received: ____/____/____ (Completed by church office) Initials: _____