

# VBS 2022- Registration Form

## Heavenly Host Lutheran Church

777 South Willow Ave/ Cookeville  
HeavenlyHostLCMS.org  
(931) 526-3423



Please return this form to the church office by June 12 (one form per child). Thank you!  
Prefer to register online? Great! Simply go to: [HeavenlyHostLCMS.org](http://HeavenlyHostLCMS.org)

**At VBS, it's all about Jesus!** Our VBS is designed for kids currently in PreK up through 5<sup>th</sup> grade (that being said, preschool aged children accompanied by their parent/adult are welcome to participate).

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 13-17.** VBS activities will run from **9:00am - 11:30am** (Mon-Thurs). On Friday, VBS activities 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: \_\_\_\_\_