

All ages welcome!
3 years old - 6th grade in Fall
Members & nonmembers

VBS REGISTRATION 2018
June 11 - 14
9:00 – 12:00 p.m.



Each family with children attending VBS must fill out a complete form, front & back.

Last Name _____

Child's Name _____ Age _____ M / F Grade Fall 2018 _____ Shirt size _____ Youth or Adult
Child's Name _____ Age _____ M / F Grade Fall 2018 _____ Shirt size _____ Youth or Adult
Child's Name _____ Age _____ M / F Grade Fall 2018 _____ Shirt size _____ Youth or Adult
Child's Name _____ Age _____ M / F Grade Fall 2018 _____ Shirt size _____ Youth or Adult

Parent's/Caregiver's Name _____

Address _____ City _____ Zip Code _____

Preferred Phone _____ Email _____

Name(s) of people **prohibited** from picking up my child/children _____

In case of an emergency contact _____

Relationship to child/children _____ Phone _____

Home Church _____

Please check box to indicate you completed the Medical & Behavioral Questionnaire on the back of this form.

Nonrefundable Registration Fee: \$20 per child, \$55 maximum per family

Checks payable to: Cross of Hope Lutheran Church

Mail or bring registration form and payment to: Cross of Hope Lutheran Church

5730 179th Lane NW, Ramsey, MN 55303

Phone: 763-753-2057, www.crossofhope.net

By signing, I release Cross of Hope and all employees and volunteers from any claims made by participant. My signature also indicates that I grant Cross of Hope the perpetual, non-exclusive, royalty-free right and license to record my participation and appearance on digital or film photography, video tape, audio tape or any other medium. This grant of rights is made voluntarily by me. I further agree to release and forever discharge Cross of Hope, its agents, employees, and designated representatives, from any and all claims in law or equity that I, my heirs or personal representatives, have or shall have arising out of Recordings.

Parent or Guardian signature (if under 18): _____

*Scholarships available on a limited basis:

_____ If in need of assistance (please check mark)

_____ If interested in contributing to the scholarship fund (please check mark)

Office use only
____ Check, # _____
____ Cash
\$ _____ Total Amount

PREREGISTRATION IS RECOMMENDED - it helps us organize crews more easily & order enough VBS t-shirts, & supplies - Thank you!
For any questions, please contact the church office: 763-753-2057

Medical & Behavioral Questionnaire

Please check any applicable information that might be helpful for VBS volunteers to make this a fun & rewarding experience for your child.

1st Child's Name _____ **Age** _____

- No Known Allergies
- Food Allergies (List allergy & type of reaction) _____
- Insect Sting Allergy (List type & reaction) _____ Bringing EpiPen (Yes or No)
- Asthma/Respiratory Condition (explain) _____ Bringing Inhaler (Yes or No)
- Attention Deficit Disorder Hearing Impaired/Deaf Seizure History Diabetes
- Medical Allergies(List & reaction) _____

2nd Child's Name _____ **Age** _____

- No Known Allergies
- Food Allergies (List allergy & type of reaction) _____
- Insect Sting Allergy (List type & reaction) _____ Bringing EpiPen (Yes or No)
- Asthma/Respiratory Condition (explain) _____ Bringing Inhaler (Yes or No)
- Attention Deficit Disorder Hearing Impaired/Deaf Seizure History Diabetes
- Medical Allergies(List & reaction) _____

3rd Child's Name _____ **Age** _____

- No Known Allergies
- Food Allergies (List allergy & type of reaction) _____
- Insect Sting Allergy (List type & reaction) _____ Bringing EpiPen (Yes or No)
- Asthma/Respiratory Condition (explain) _____ Bringing Inhaler (Yes or No)
- Attention Deficit Disorder Hearing Impaired/Deaf Seizure History Diabetes
- Medical Allergies(List & reaction) _____

4th Child's Name _____ **Age** _____

- No Known Allergies
- Food Allergies (List allergy & type of reaction) _____
- Insect Sting Allergy (List type & reaction) _____ Bringing EpiPen (Yes or No)
- Asthma/Respiratory Condition (explain) _____ Bringing Inhaler (Yes or No)
- Attention Deficit Disorder Hearing Impaired/Deaf Seizure History Diabetes
- Medical Allergies(List & reaction) _____

Behavioral Information:

- No behavioral concerns for my child/children
 - Separation anxiety from parents/caregivers (Child's name) _____
 - Challenges with change of routine (Child's name) _____
 - Tends to wander or leave classroom without permission (Child's name): _____
 - Short attention span or easily distracted (Child's name) _____
 - Biting or hitting when angry or frustrated (Child's name) _____ What does your child respond best to when calming her/him down? _____
 - Other helpful suggestions for those caring for your child/children _____
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Thank you! We hope your child has a wonderful time at VBS!
