

Good Shepherd Lutheran Church

2020 VBS Registration



Student's Name _____ Age _____ Grade (Fall of 2020) _____

Parent/Guardian's Name(s) _____

Address _____ Email _____

Home Phone _____ Cell Phone _____ *Good Shepherd has my permission to text this number _____

Work Phone: Mother _____ Father _____

____ I am a member of Good Shepherd _____ My home church is: _____

____ I would like more information about Good Shepherd

Media Permission slip and Medical Release Form

_____ has our permission to participate in Good Shepherd's Vacation Bible School (September 11-13, 2020). In the event of an emergency, we can be reached at the following number: _____. We also hereby authorize the delivery of any necessary emergency medical care by available medical personnel.

I give permission for my minor child to be photographed or videotaped during VBS at Good Shepherd. Photographs or videos may be used for promoting our programs to include, but not limited to, publication in the newsletter and website.

Person to notify in emergency, other than parent: _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Allergies & other helpful information (food allergies, medication conditions, activity restrictions, etc.): _____

****Please return a completed registration form to Amanda Black, at Good Shepherd, 1429 N. Dakota Street on or before August 14, 2020. Free will donations are accepted to help cover cost of supplies.****