

Summer 2023 Vacation Bible School

Sunday, July 16, family style 4:30-7:00pm
Mon.-Thurs. July 17-20, just for kids 9 am-noon
Redeemer Lutheran Church, 869 7 Ave. SE

STUDENT INFORMATION – ONE REGISTRATION SHEET PER CHILD! *PLEASE PRINT*
For children in grades entering preK4 through entering Gr. 6
Children must be age 4 by Sept.1, 2023, and independently potty-trained to register

CHILD'S NAME: _____GENDER: _____M _____F

GRADE ***ENTERING 2023-24*** **school year**_____ AGE at time of VBS: _____

T-SHIRT SIZE: Please register by June 19 to reserve your correct T-shirt size

CHILD/YOUTH: ( ) XSmall ( ) Small ( ) Medium ( ) Large ( ) XL

ADULT: ( ) Small ( ) Medium ( ) Large ( ) XL ( ) XXL

A registration fee of $10.00 is requested to cover the cost of the T-shirt and can be made with this registration or before Sunday evening VBS, July 16, or at drop- off or pick-up during VBS. ** (See page 2)

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN (1) _____

ADDRESS_____

RELATIONSHIP TO STUDENT_____ EMAIL ADDRESS _____

CONTACT TELEPHONE INFORMATION (HOME) _____ (ALT) _____

PARENT/GUARDIAN (2) , _____

ADDRESS _____
(Leave blank if same address as 1st parent/guardian information)

RELATIONSHIP TO STUDENT_____ EMAIL ADDRESS _____

CONTACT TELEPHONE INFORMATION (HOME) _____(ALT)_____

MY GUEST_____ WANTS TO BE IN MY CLASS (their own registration form needed)

 please also complete page 2

Required: WHO IS PICKING UP YOUR CHILD AFTER VBS?

NAME _____

RELATIONSHIP _____PHONE _____e-mail_____

Required: EMERGENCY CONTACT INFORMATION

FULL NAME OF ALTERNATIVE PERSON IF PARENT/GUARDIAN IS NOT AVAILABLE DURING VBS HOURS

_____RELATIONSHIP TO STUDENT_____

PRIMARY CONTACT PHONE: _____ ALT. PHONE: _____

FOOD ALLERGIES, MEDICAL CONCERNS, OR SPECIAL NEEDS

FOOD ALLERGIES _____

OTHER ALLERGIES _____

MEDICAL CONCERNS _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____

PHOTO PERMISSION

DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED DURING VBS AND FOR US TO DISPLAY THOSE PHOTOS AT CHURCH? □ YES □ NO ON THE CHURCH WEBSITE? □ YES □ NO

ADDITIONAL INFORMATION

NAMES OF ALL SIBLING(S) ATTENDING _____

CHURCH AFFLIATION _____

TRANSPORTATION NEEDED: □ A.M. pick-up □ NOON drop-off □ NO

ADDRESS FOR A.M. PICK-UP_____

ADDRESS FOR NOON DROP-OFF _____

ATTENDING THE KICK-OFF EVENT? □ YES □ NO **HOW MANY? _____**

CONTACT YOU NEXT YEAR WHEN REGISTRATION OPENS FOR 2024 VBS? □ YES □ NO

QUESTIONS ?

CONTACT JOSH HEIRIGS, DCE:
Redeemer office: 507-289-5147 joshheirigs@redeemer-rochester.com

** If the registration fee will cause a financial hardship, please talk to Josh Heirigs.