



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)

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 AFFILIATION _____

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.