



CHRIST LUTHERAN CHURCH
VACATION BIBLE SCHOOL REGISTRATION FORM
June 16-20, 2008

Grade Child Completed in spring '08 _____

Child's Name: _____

Birthdate*: _____ Age*: _____

*Registration is open to participants between the ages of 4 through those that have just completed the 6th grade.

Address: _____

Parents Name: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name (Other than parents): _____ Phone #: _____

Allergies: _____

Name of Church Currently Attending: _____

FRIEND REQUEST: _____

(If you would like your child to be in class with a friend, please request at this time. Classes will not be rearranged once VBS starts.)

CLC Rule: Everyone is to treat everyone else as a child of God. No one has the right to treat anyone else as if they do not matter.

This is our rule at CLC and we expect all teachers, leaders, helpers, staff and children to abide by this rule while at Vacation Bible School. We believe all children are lovable and we will love your child as the child of God they are. However, if your child behaves in a manner which is disrespectful or disruptive to others, we will give them a chance to improve their behavior (a warning). If they choose not to improve their behavior, we will call you, their parent/legal guardian and will expect you to pick up your child within twenty minutes.

I, _____ parent/legal guardian of _____, have read and understand the CLC rule and policy on discipline.

Parent/Guardian Signature _____ Date _____

VBS Medical Release Form

Parent/Guardian, please read and sign in the places indicated below:

I, _____ parent/legal guardian of _____ understand that in the event of an emergency, or if any medical treatment become necessary for my child, I grant those in charge of VBS for the week of June 16-June 20, 2008 at Christ Lutheran Church my permission to authorize medical attention as recommended by a licensed physician.

Parent/Guardian Signature _____ Date _____

Physician Name _____ Physician Phone number _____

Please return completed registration forms and donations to: CLC- 5150 River Lakes Parkway, Whitefish, MT 59937, 862-2615

The VBS program is successfully run each year largely on the donations received by its participants. While there is not a mandatory participation fee, a suggested donation of \$10 per child is greatly appreciated. Thank you!