

**Vacation Bible School at G.A.**

**Date:** August 13-17, 2018

**Time:** 9:00 – Noon

**Place:** Gustavus Adolphus Church  
1669 Arcade Street, St. Paul

**Ages:** For children age 3 through Grade 5

**Cost:** \$20 per child

To register, return this form to the church or sign up online  
at [www.gachurch.org](http://www.gachurch.org) by August 5!



**NAME** \_\_\_\_\_ **GRADE THIS FALL** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **T-Shirt** **XS SM MED LG**

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**BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **T-Shirt** **XS SM MED LG**

**PARENT/GUARDIAN(S)** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**HOME FAITH COMMUNITY (IF ANY)** \_\_\_\_\_

**EMERGENCY CONTACT (when parent/guardian cannot be reached)**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ALLERGIES/MEDICAL NEEDS:** \_\_\_\_\_

**Person responsible for picking up this child at the end of each VBS day: (Name/Phone)**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

*In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Gustavus Adolphus Lutheran Church, its staff and volunteers permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary.*

**Insurance Co:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Physician: Name/Clinic/Phone** \_\_\_\_\_

**Hospital of Choice** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_