

Vacation Bible School at G.A.

Date: August 12-16

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 suggested donation

*To register, return this form to the church or sign up online at
www.gachurch.org by August 4!*



NAME _____ **GRADE THIS FALL** _____

BIRTHDATE _____ **AGE** _____ **T-Shirt** **XS SM MED LG**

NAME _____ **GRADE THIS FALL** _____

BIRTHDATE _____ **AGE** _____ **T-Shirt** **XS SM MED LG**

NAME _____ **GRADE THIS FALL** _____

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: _____

Public Relations Permission

I authorize my child to be included in photographs and videos taken during the school year for Gustavus Adolphus Church purposes.

Parent or Guardian signature

Date