



**ABOUT YOUR CHILD:**

Child's Name: \_\_\_\_\_ T-shirt size: Youth XS S M L OR Adult S M L XL  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Food? Insect? Environment? Epi-Pen required?: \_\_\_\_\_  
 Other concerns you would like to share about your child: \_\_\_\_\_  
 \_\_\_\_\_  
 Child's Physician and Contact info (in case of emergency): \_\_\_\_\_

**YOUR CONTACT INFO:**

Parents/Guardians Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Family/Home Phone: \_\_\_\_\_ Family E-mail: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_ \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency contact if parent/guardian can't be reached: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**PERMISSIONS:**

My child, \_\_\_\_\_, has permission to participate in VBS June 26-30 at Holy Cross Lutheran Church.  
 Holy Cross may take photographic images of my child. \_\_\_\_\_ Yes \_\_\_\_\_ No.....If "yes", please answer:  
 • Photos of my child may be used for Holy Cross newsletters, bulletins, or posters \_\_\_\_\_ Yes \_\_\_\_\_ No  
 • Photos of my child may be shared on the Holy Cross Facebook page (no identifying info shared): \_\_\_\_\_ Yes \_\_\_\_\_ No  
**I authorize the staff and/or volunteers of Holy Cross to seek emergency medical care for my child in the event the parent/guardian or emergency contact is unavailable. I agree to assume financial responsibility for all expenses of such care.**  
 I give permission for these person(s) to pick-up my child from VBS: \_\_\_\_\_  
 \_\_\_\_\_  
 Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vacation Bible School is FREE! However, in-kind and monetary donations are welcomed.  
 See our online GIVING page on our website. Holy Cross budgets \$50 per child for VBS.  
**RETURN THIS COMPLETED FORM to Holy Cross Lutheran Church...preferably by JUNE 14, 2019.**

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