



# Vacation Bible School 2013 Registration

IncrediWorld: A Thrill Ride through God's Creation

For Ages 3 (and potty-trained by VBS date) through Entering Grade 5

**Register for One Week Only**

**Registration: \$10 per child — No Walk-In Registrations for Ages 3-Kdg**

Return this form and check payable to: Faith Lutheran Church, 37635 Dequindre Road, Troy, MI 48083

Questions: Please email [vphillips@faithtroy.org](mailto:vphillips@faithtroy.org)

**Week 1: Monday—Friday, July 22—26, 10:00am-12:30pm — Register no later than Sunday, July 14**

**Week 2: Monday—Friday, July 29—Aug 2, 10:00am-12:30pm — Register no later than Sunday, July 21**

Parents' Names — Please Print \_\_\_\_\_

Address — City — Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell or Alternate Phone # \_\_\_\_\_

Email Address (Please *Print Clearly*) \_\_\_\_\_

Emergency Contact: Person's Name and Phone # \_\_\_\_\_

Are you presently attending a local church? Yes No \_\_\_\_\_

Name of Church and City \_\_\_\_\_

Is this your family's first year attending our VBS program? Yes No \_\_\_\_\_

If YES, tell us how you heard about us \_\_\_\_\_

I desire and do consent for my child(ren) to participate in FaithKids Vacation Bible School. I understand that my child(ren) may be photographed and give permission for pictures to be used in advertising material (print and/or web) for Faith Lutheran Church. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Church, corporation, its, officers, directors, employees, volunteers from any and all claims, demands or causes of action which are in any way connected with my child(ren)'s participation in the Program or use of the Church's equipment and facilities.

**Signature of Parent or Legal Guardian Required:** \_\_\_\_\_

ENROLL MY CHILD(REN) FIRST & LAST NAME (PLEASE PRINT)	M A L E O R F E M A L E	BIRTH DATE	A G E	GRADE ENTERING IN FALL (Preschool or Kdg or Gr. 1, 2, 3, 4 or 5)	PLACE MY CHILD IN SAME GROUP AS THIS <b>ONE</b> FRIEND LISTED BELOW. MUST BE SAME AGE OR GRADE. <b>PLEASE NOTE: OTHER CHILD MUST ALSO LIST YOUR CHILD AS THEIR ONE FRIEND</b>	ALLERGIES OR SPECIAL NEEDS  SPECIAL NEEDS: PARENT MUST FILL OUT MEDICAL FORM PRIOR TO DATE ATTENDING IF CHILD HAS EPI PEN OR INHALER,.

OFFICE USE: PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ VOLUNTEERING \_\_\_\_\_