

**Referred by:**

\_\_\_\_\_ Shepherd Of the Hills  
Church Congregation/ Member

\_\_\_\_\_ Shepherd Center

\_\_\_\_\_ Community



**Group Assigned to:**

\_\_\_\_\_ Red      \_\_\_\_\_ Orange  
\_\_\_\_\_ Yellow      \_\_\_\_\_ Blue  
\_\_\_\_\_ Green      \_\_\_\_\_ Helper

Cost: \$20 1st child, \$15 2nd child, \$ 10 3rd+ children

## Vacation Bible School Registration

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Entering Grade \_\_\_\_\_ M / F (circle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Authorization & Consent for Medical Treatment

*Note: California State Laws indicate that a "minor" is anyone under the age of eighteen(18)*

The undersigned (herein "Guardian") of child named here (herein "minor") do hereby consent to any emergency medical treatment, diagnosis and care provided to the minor by any duly licensed physician or surgeon or others, providing care directly under and per such general or special instructions issued by such duly licensed hospital. Without limiting the generality of the foregoing, such emergency care includes x-ray examinations, administration of anesthesia and blood transfusions. Guardians' health and accident insurance shall be primarily liable for all such covered ,medical, etc., expenses; such insurance as Shepherd of the Hills Lutheran Church has in effect shall be secondary, liable up to its policy limits.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Medical Insurance (company name): \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medication or Food Allergies that we should be aware of:**

\_\_\_\_\_

Referred by:

**Group Assigned to:**

\_\_\_\_ Red      \_\_\_\_ Orange  
\_\_\_\_ Yellow    \_\_\_\_ Blue  
\_\_\_\_ Green    \_\_\_\_ Helper



\_\_\_\_ Shepherd Center  
\_\_\_\_ Shepherd Center  
(Sibling)

**Cost: Preschool Enrolled Days VBS included in tuition. Non-school days \$4/day  
Siblings \$20 1st child, \$15 2nd child, \$ 10 3rd+ children**

**NON- Preschool Days attending: please circle \*\*please sign in at VBS tables  
Monday Tuesday Wednesday Thursday Friday \_\_\_\_ days x \$4.00**

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