



Passport to Peru

Vacation Bible School Registration
July 24–27, 2017 9 a.m. — noon



Note: One form per household Please send registration form and check to All Saints Lutheran (address on back).
Ages 3 through 5th grade (completed) | ALL CHILDREN MUST BE POTTY TRAINED

Child #1	___ Boy	___ Girl	Birthday ___/___/___
Name: _____ Age: _____ Grade: _____			
Special Needs/Allergies _____			
Friend you would like to be with: _____ Child's T-Shirt Size: _____			

Child #2	___ Boy	___ Girl	Birthday ___/___/___
Name: _____ Age: _____ Grade: _____			
Special Needs/Allergies _____			
Friend you would like to be with: _____ Child's T-Shirt Size: _____			

Child #3	___ Boy	___ Girl	Birthday ___/___/___
Name: _____ Age: _____ Grade: _____			
Special Needs/Allergies _____			
Friend you would like to be with: _____ Child's T-Shirt Size: _____			

*** In an effort to make your child's experience positive, please answer the following questions, if applicable:**

Please share behaviors we should be aware of (aggressive behavior, tantrums, wandering, etc.) and any measures in place to respond to this _____

What other information might be helpful for us to know? _____

Parent Information

Parents/Guardians' Names _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Cell Phone: _____

Person who will be picking up your child at noon: _____

Photos taken at church events may be used by All Saints publications and on the website ____ Yes ____ No

MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: _____

Please list any medications that need to be brought to the event and when they need to be taken:

I, the parent/guardian of _____ (Youth Name or Names) do hereby authorize medical treatment for the above named youth(s), in the case of a minor medical event. In the event of an emergency, 911 will be called and our best efforts will be made in contacting the parent/guardian.

Parent's Signature: _____ Date: _____

In case of emergency, contact: _____ Relationship to Youth: _____

Home Phone: _____ Cell Phone: _____

____ I understand that VBS requires the generous donation of time from volunteers to be successful. I would like to help with Vacation Bible School. Please contact me.

I can help ____ Monday ____ Tuesday ____ Wednesday ____ Thursday

Payment Information

Number of children for VBS _____ - \$35.00 individual = \$ _____

Number of children for family (3 or more children) _____ - \$90.00 for family = \$ _____

Total: = \$ _____

____ Enclosed is my check in the amount of \$ _____ made payable to All Saints Lutheran Church.

Send to: 15915 Excelsior Blvd., Minnetonka, MN 55345

Thank you for registering for Vacation Bible School!

For questions, please contact Chelsea Gilbert at 952.934.3550, ext. 18 or cgilbert@allsaintsmn.org.