

# THEME : "WALKING WITH JESUS" VACATION BIBLE SCHOOL (VBS) 2025 REGISTRATION APPLICATION

**Martial Arts/Arts & Craft**  
**Start Time: 9:00 am - End Time: 3:00 pm**  
**1<sup>ST</sup> WEEK JUL 14, 2025 - JUL 25, 2025**  
**2<sup>ND</sup> WEEK AUG 11, 2025 - AUG 15, 2025**

## Student Information

Full Name  Preferred Name/Nickname   
Date of Birth  Age  Gender ☐ Male ☐ Female Grade entering (Fall)

## Parent/Guardian Information

Parent/Guardian Name(s)   
Address   
Phone (Primary)  Phone (Alternate)   
Email Address

## Emergency Contact (Other than Parent/Guardian)

Name  Relationship to Child   
Phone

## Medical Information

Allergies (Food, medication, insects, etc.)  Medical conditions or special needs

## Church Information (Optional)

Is your family affiliated with a church? ☐ Yes ☐ No If yes, Church Name

## Pick-Up Authorization

Please list the names of any persons authorized to pick up your child (besides parent/guardian):

1  Phone   
1  Phone

## Photo Release Consent

- ☐ I give permission for photos/videos of my child to be taken during VBS and used for church-related promotions (e.g., bulletin boards, website, social media).  
☐ I do NOT give permission for my child's photo to be used.

## Parent/Guardian Signature

I hereby grant permission for my child to participate in Vacation Bible School at Trinity Lutheran Church. I understand that reasonable precautions will be taken to ensure the safety of my child.

Signature  Date