



Vacation Bible School Registration Form

May 31st—June 2nd, 2022

Student's Name: _____ Age: _____ Grade Completed: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Home Phone: _____ Cell Phone: _____

*Good Shepherd has my permission to text this number Yes _____ No _____

Allergies or Special Needs: _____

Emergency Name & Contact Number: _____

____ I am a member of Good Shepherd _____ My home church is: _____

Media Permission slip and Medical Release Form

_____ has our permission to participate in Good Shepherd's Vacation Bible School (May 31st—June 2nd, 2022) In the event of an emergency, we can be reached at the following number: _____. We also hereby authorize the delivery of any necessary emergency medical care by available medical personnel.

I give permission for my minor child to be photographed or videotaped during VBS at Good Shepherd. Photographs or videos may be used for promoting our programs to include, but not limited to, publication in the newsletter and website.

Signature of Parent/Guardian _____ Date _____

***Please return a completed registration form to Good Shepherd Lutheran Church, 1429 N. Dakota Street, Aberdeen, SD 57401 by May 10th, 2022.**

