



OUR SAVIOR'S LUTHERAN CHURCH

VBS REGISTRATION

June 6-9, 2022

****Registration Deadline May 30, 2022****

OSL Vacation Bible School is from 9am-noon for potty-trained three year olds through students who have completed 5th grade. Registration is \$10 per student or \$25 per household. Each registering family will get ONE free CD. On June 9, there will be a 11:30 am program with pizza to follow.

Student Name _____ Grade Level 2021/22 _____

Primary Address _____

Birthday _____

Parent/Guardian Name _____

Address (if different than student) _____

Cell phone _____

Home phone _____ Email _____

**If there is a second contact person, please write in the space below:

Friend(s) your child would possibly like to be in a small group with: 1. _____

2. _____

*We will do our best to accommodate at least one friend in his or her group. They must be in the same grade or same age. These groups are pre-designed for safety, to balance size and health needs. Requests must be made **by May 16** to be considered. **NO EXCEPTIONS!**

***I'd like more information about volunteering at VBS. Please contact me with information. _____**

(Check box!) By signing up my child for VBS, I give OSL permission to publish photos of my students on Facebook & social media!

Medical Information/Release

Emergency Contact _____ Cell phone _____

Doctor's name _____ Phone _____

Preferred hospital _____

Insurance Company _____

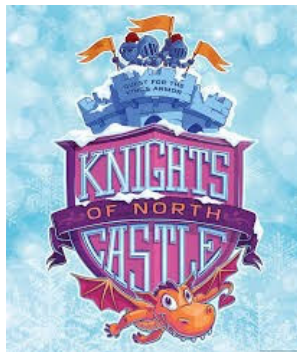
Group number _____ Policy number _____

Allergies – Medications – Allergies to Medication – Important Health Information

In the case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Our Savior's Lutheran Church – Sioux Falls, SD permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Our Savior's from liability in acting on my behalf.

Signature of Parent/Guardian _____

Date _____



Name: _____ Cash: _____ Check #: _____ PAID: