

# HELPERS ONLY

## Must have completed 6<sup>th</sup> grade 2017 VACATION BIBLE SCHOOL REGISTRATION FORM

(One form per person)

St. Peter's Lutheran Church  
43W301 Plank Road, Hampshire, IL 60140

Phone: (847) 464-5721 Fax: (847) 608-8438

### "CAVE QUEST...Following Jesus the Light of the World" June 26-29 9:00 to 11:45 a.m.

First and Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male  Female

Grade entering \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_

Allergies \_\_\_\_\_

Medical issues or special needs \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

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

Emergency contact's relationship with you \_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

\_\_\_\_\_  
Parent Signature

\*\* Please mail your registration form to the church at the address given above.