



VBS Registration Form
(one per child)

Name: _____

Age: _____ Date of Birth: _____

Last Grade Completed: _____

Name of Parent(s) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone # During VBS: _____

Home e-mail Address: _____

Home Church: _____

Allergies or other Medical Conditions: _____

In Case of Emergency, Contact: _____

Phone: _____

Relationship to child: _____

Name(s) of person(s) who may pick up this child from VBS and
Phone Number: _____

(OVER)



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(OVER)

Child(ren)'s Full Name _____

Using your Children's image for Church Purposes & Medical Information Consent to Treat
Union-Congregational Church, Immanuel Lutheran Church, and United Methodist Church of Waupun, will be including images on our web-sites to promote the positive activities happening at our church. Names will never be used on the site to directly identify youth. Please indicate your preference below.

- _____ Yes, I give permission for my child's picture to be used
- _____ No, I do not give permission

I give full permission to this minor to participate in activities sponsored by Union-Congregational Church, 125 Beaver Dam St., Waupun, WI, 920-324-2801, Immanuel Lutheran Church, 525 West Main St., Waupun, WI, 920-324-5254, and United Methodist Church, 199 E. Jefferson St. Waupun, WI, 920-324-9721.

I authorize an adult, in whose care the minor has been entrusted, to consent to x-ray examination, anesthetics, medical, surgery or dental diagnosis and treatment or hospital care if there is insufficient time or inability to contact me. This care should be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named minor pursuant to this authorization.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Today's Date _____

Child(ren)'s Full Name _____

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