



CHRIST LUTHERAN CHURCH
FROWEIN ROAD, EMO
2018 VBS



JULY 9TH - 13TH

9AM TO 12PM

Open to children ages 4 to 12

TIME TRAVELER: _____ NICKNAME: _____

ADDRESS: _____

GRADE (in Sept): _____ EMAIL: _____
(for notifications)

MOTHER: _____ PHONE: _____

FATHER: _____ PHONE: _____

ALT. CONTACT: _____ PHONE: _____

SIBLINGS ATTENDING: _____

ALLERGIES*, ASTHMA, MEDICAL CONDITION(s): _____

*Please note that if your child has any food allergies, we request that you bring a snack from home for him/her to enjoy each day. The snack should be clearly labeled with the child's full name.

ANYTHING ELSE WE SHOULD KNOW: _____

PERSONS AUTHORIZED FOR PICK UP OTHER THAN PARENT/GUARDIAN:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

CHRIST LUTHERAN CHURCH

2018 VBS

PARENTAL RELEASE FORM I, the parent/guardian of this registered child hereby give permission for him/her to participate in Vacation Bible School at Christ Lutheran Church. I consent to his/her participation in the activities planned for this event and certify that he/she is physically able to engage in the event. I hereby grant to the leader in charge of the group the right to make emergency medical decisions for my child in the event I cannot be reached. I understand I/we release and forever discharge Christ Lutheran Church, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while participating in this event. I am at least 18 years of age, I understand the above statement, and I am competent to execute this agreement.

PHOTO RELEASE FORM I, the parent/guardian of this registered child authorize the posting of photographs and/or likenesses of my child/children and video, film and photo on Christ Lutheran Church's Website and Facebook page. **My child's name will not be published anywhere.**

CELL PHONE POLICY I, the parent/guardian of this registered child understand that **cellphone use is NOT permitted during VBS.** My child may store his/her cell phone with his/her personal belongings, however Christ Lutheran Church is not responsible for loss, damage or theft.

CHILD'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____ DATE _____

Return your Registration Form using one of the following methods:

- 1) in person at Christ Lutheran Church, (GPS 177) 100 Frowein Road, East Moriches
- 2) via email to christianedclcem@gmail.com
- 3) regular mail to Christ Lutheran Church, P.O. Box 580, East Moriches, NY 11940

You will receive a confirmation email when your registration has been received.

FOR MORE INFORMATION ABOUT CHRIST LUTHERAN CHURCH,
VISIT WWW.CLCEM.NET OR CHECK US OUT ON
[FACEBOOK.COM/CHRIST-LUTHERAN-CHURCH-EAST-MORICHES](https://www.facebook.com/CHRIST-LUTHERAN-CHURCH-EAST-MORICHES)