



# Vacation Bible School Registration Form

2015

Dear Parents,

We're excited about your child joining us at SonSparks Labs VBS! Here are a few important things you need to know:

This year's event will be held **Wednesday, June 24<sup>th</sup> thru Friday, June 26<sup>th</sup>** at Trondhjem Lutheran Church. The times are as follows for Kindergarten through 5<sup>th</sup> Grade:

Wednesday, June 24 <sup>th</sup>	9:00am - 3:00pm
Thursday, June 25 <sup>th</sup>	9:00am - 3:00 pm
Friday, June 26 <sup>th</sup>	9:00am - 12:00pm (Closing Program to follow)

**PRESCHOOL PARENTS:** Your Preschooler (age 4 or older) can attend the morning OR afternoon session:

Morning Session:	Wed. & Thurs. 9:00am -11:30am;	Friday 9:00am - 12:00pm
Afternoon Session:	Wed. & Thurs. 12:30am - 3:00pm;	Friday: arrive for program @ 11:30

On Friday, there will be a Closing Program at 12:00pm for all grades, including Preschool, followed by refreshments. Moms, dads, grandparents, siblings, neighbors and friends are all welcome!!!

**Send with your child:** A lunch with your K-5<sup>th</sup> grade child on Wed. and Thurs.

\*Beverages and snacks are provided each day.

There is no charge for VBS however the cost to the church for materials and supplies is about \$18.00 per child (family cap of \$50.00). A donation of any amount would be appreciated. Please make checks payable to Trondhjem Lutheran Church.

**Please complete a registration form for each child attending** and send it, along with any donation, to Trondhjem Church, 7525 Garfield Ave., Lonsdale, MN 55046 **no later than Wednesday, JUNE 7th, 2015. Pre-registration is strongly encouraged and appreciated.** Any questions regarding registration, or for additional forms, **contact Kim Smisek at 744-2310.**

If you have any other questions, or wish to volunteer for this event, please feel free to call!

In Christ,  
Katie Holets (952-758-2273)

# VACATION BIBLE SCHOOL 2015

TRONDHJEM LUTHERAN CHURCH

JUNE 24, 25, 26, 2015

Child's name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

Child's age \_\_\_\_\_ School grade just completed \_\_\_\_\_

\*Preschool only, circle which session: Morning Afternoon

Parent's name \_\_\_\_\_

Phone number: \_\_\_\_\_

*Phone number to be contacted during VBS if needed:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of home church, if any \_\_\_\_\_

Persons authorized to pick up child: \_\_\_\_\_



*Please complete the health history on the back.*

## HEALTH HISTORY

*\*Registrations must be received at least 3 days prior to VBS for kids with food allergies. Gluten free/peanut free options will be available.*

Are tetanus shots up to date? \_\_\_\_\_

Does the youth have any medical problems we should know about?  
\_\_\_\_\_

Is the child taking any medications which must be taken today? Yes ( ) No ( )  
What is it & how is it given?  
\_\_\_\_\_

Does the child have any important allergies, such as:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Penicillin      | <input type="checkbox"/> Sulfa        | <input type="checkbox"/> Other Medication |
| <input type="checkbox"/> Bee Stings      | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food _____       |
| <input type="checkbox"/> Other allergies |                                       |   |

Are there any physical restrictions on the youth's activities? If so, please state them:

Any other comments which may be helpful:

Child's doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance is with \_\_\_\_\_.

Insurance Policy or ID#: \_\_\_\_\_

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In the event of medical or surgical emergency, after every reasonable effort has been made to contact me, my child's physician, or the emergency contact person, I do hereby grant my permission to the physician(s) selected by the Trondhjem Lutheran Church representatives and/or Immaculate Conception representatives to provide any treatment or procedure deemed necessary for the child.

It is understood that every effort will be made to protect and safeguard all youth. It is also understood that medical or hospital insurance is not provided by **Trondhjem Lutheran Church.**

Parents Signature \_\_\_\_\_

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