

VACATION BIBLE SCHOOL REGISTRATION FORM

August 12-16, 2019

Redeemer Lutheran Church
1664 Kraemer Drive, Winona, MN 55987
(507) 452-3828
Email: officeassistant@rlcwinona.com

Full Student Name: _____

Birthdate: _____ / _____ / _____

Entering School Grade: (Circle One) PS* K 1 2 3 4 5 6

*Students must have attained the age of 33 months and be potty trained.

Known food allergies or other medical conditions that our staff needs to be aware of:

Parent/s Name: _____

Address: _____

Contact Phones (in order that we should call in the event of an emergency):

(1) _____

(2) _____

People Authorized to pick up child/ren:

YES NO I give permission to seek emergency treatment in case of an emergency.

Church Membership: (if any) _____

YES NO I give permission and consent to allow photographs to be taken during
Vacation Bible School. Such images will not be used outside of Redeemer
Lutheran Church/Camp Omega website and publications.

Signature of Parent/Guardian

X _____ Date _____