



Shepherd of the Hills
**Vacation
Bible School
Registration Form**

July 14-18, 9:30 a.m.—12:00 p.m.
Age 3-Grade 6 • \$25 per student, max. \$75 per family

Additional forms can be picked up from the Faith & Family bulletin board
or downloaded from Shepherd's website www.shepherdshoreview.org
Questions? Please contact Lindsey Oliver 651-288-2261.

Parent/Guardian Name(s) _____

Address _____

City _____ Zip _____

Home Phone _____ Cell/work Phone _____

Email _____

Child's Name _____

Date of birth _____ Grade (fall 2008) _____

Child's Name _____

Date of birth _____ Grade (fall 2008) _____

Child's Name _____

Date of birth _____ Grade (fall 2008) _____

Emergency Contact:

Name & Phone # _____

Please list any physical or mental health conditions, limitations, restrictions or allergies your child(ren) has:

(over)

Registration due by July 1.

\$25 per student (family max. \$75).

Make checks payable to: Shepherd of the Hills Lutheran Church

Bring completed form and payment to the church office, or mail to: Shepherd of the Hills Lutheran Church Attn: Kim Ashton, 3920 North Victoria Street, Shoreview, MN 55126

Medical Information/Release Form

In the event of an illness, my child, _____, I hereby offer consent to any adult chaperone of a Shepherd of the Hills Lutheran Church Event to seek medical assistance on his/her behalf. My child has permission to ride in the vehicle of the staff or chaperone. In addition, I hereby agree to release, hold harmless and indemnify Shepherd of the Hills Lutheran Church and its staff, officers and chaperones from any and all liability either in or in tort, for any claims or causes of action which might result from this or any subsequent child/youth activity or trip. A photocopy of this authorization shall be as valid as the original.

Date: _____ Signature _____

Print name: _____

Emergency Contact

Name & Relationship _____

Emergency Phone # _____

Medical Information

Physician's Name: _____

HMO/Clinic Name: _____

Phone: _____

Assigned Hospital: _____

Medical Insurer & Policy #: _____

As my child participates in Shepherd of the Hills Lutheran Church programs, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine. Care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

Date: _____ Signature _____

Print name: _____

I would like to share my gifts this summer...

- Summer Ministries Team**—Help plan for Children's Ministry programming this Summer.
- Greeter/Registration Table Representative**—(Each morning, arrive 30 minutes prior to VBS) Meet and greet families and direct them to where they need to go. Position is available for persons 11th grade—adult.
- Park Guide**— Lead children from station to station throughout the VBS week. Help with activities at each station. This position is perfect for 7th grade—adult.
- Snack Helper**— Help purchase and/or prepare the daily snack. Menu is pre-planned, your job would be to arrange on trays and deliver to Park Guides.
- Infant/Toddler Care**—Demonstrate God's love by showing Shepherd's youngest members that God's house is a safe and loving place to be. Care for children in the nursery so parents can help lead in other areas. Position is available for persons 8th grade—adult.

Name _____