## Le Sueur Ecumenical Vacation Bible School 2019 Child Registration Form

**Location:** Zion UCC: 240 S. Elmwood Ave. Le Sueur, MN 56058

Dates: Monday, July 22<sup>nd</sup> thru Thursday, July 25<sup>th</sup>

**Time: 3:30 – 6:00** p.m.

VBS 2019 is sponsored by Zion UCC, First Lutheran and the United Methodist Churches of Le Sueur. Neither child(ren) nor parent(s) need to be members of any of these congregations or of any congregation to participate in the VBS program.

To participate in VBS the child can be age 3 through completing 5<sup>th</sup> grade. (Children must be age 3 (and potty trained) by June 1, 2019 to be registered for VBS). Please fill out a separate registration form for each child participating in VBS.

Name of Child:		Age:	Last Grade Completed:	
Address:				
Medical Allergies and/or Concerns:			Home Congregation: (if applicable)	
Transportation: How will your child be leaving VBS every day?				
☐ Parent/Guardian				
☐ Transit Bus				
☐ Other – Please Explain:				
Parent(s) or Guardian(s):		Phone Number(s):		
Email Address:				
Emergency Contact:	Phone Number(s):		Relationship to Child:	
How did you hear about VBS:				
The cost for VBS 2019 is \$20 per child or \$45/family of 3 or more children.				
Please indicate your form of payment:				
Cash – Amount:Check (Check #):/Amount			/Amount	
Please make checks payable to: Le Sueur Ecumenical VBS				

\*If you are not able to pay the suggested amount, please contact the office of one of the churches listed above as we do not want the financial obligation to prevent anyone from attending.\*

Registration form(s) and Payment are due by: Friday, June 14<sup>th</sup>, 2019 Mailing Address: Zion UCC 240 S. Elmwood Ave. Le Sueur, MN 56058

If you have any questions regarding VBS 2019, please contact: Jenny Trimbo at <u>Jentrimbo32@qmail.com</u> or 1.952.201.2832

## **2019** Le Sueur Ecumenical Vacation Bible School

## **Minor Participation Authorization and Consent to Emergency Medical Treatment Form:**

I hereby give my consent to have my minor child	(name of child) to		
participate in the following activity of Le Sueur Ecumenical V			
sponsored by Zion UCC, First Lutheran Church and the Unite	d Methodist Church of Le Sueur) from <u>July 22nd,</u>		
2019 – July 25 <sup>th</sup> , 2019. I 'DO' consent to any medical, surgical	I, x-ray, anesthetic or dental treatment that may be		
deemed necessary for my minor child. I understand that effort	orts will be made to contact me prior to treatment,		
but in the event I cannot be reached in an emergency, I give	permission to the activity leader to make the		
decisions necessary for treatment. I give permission to the a	ttending physician to treat my minor child. As		
parent or legal guardian, I understand that I am responsible	for the health care decisions of my minor child and		
agree that my insurance plan is the primary plan to pay for t	he medical, dental, or hospital care or treatment		
that is given to my minor child. Any insurance policy of the Z	ion UCC Church sponsoring this event will be used		
as the secondary coverage.			
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Signature/Date of Parent or Legal Guardian:	Date:		
Social Media C	Consent Form:		
I GIVE / DON'T GIVE Le Sueur Ecumenical Va	cation Bible School my permission to use my child's		
name,, image(s) in print and/or soc			
Signature/Date of Parent or Legal Guardian:	Date:		