

2023 Hero Hotline VBS (Student) Registration Form

Student's Name

Parent/Family/Guardian Name

Address

E-mail Address

Phone Numbers: Home _____ Cell _____ Work _____

Date of birth _____ Age _____ Last school grade completed _____

Home Church (if any)

Friends of your child at this church

Special Needs/Allergies/Medical Information/Other:

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS

Photo Release: Crossroad Lutheran Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

- - - - - (for church use only) - - - - -

Assigned to Group: _____

Are family members helping with VBS? _____ If yes, where? _____

Cokesbury Kids VBS Leader Resources
\$25 per child / \$50 maximum per family
Please return your registration and check to:

**Crossroad Lutheran Church
5101 Lakeshore Dr. W
Fleming Island, FL 32003**