VBS Day Camp
July 24–28 2023
9 a.m.–12 p.m.
At Bethlehem Lutheran
For those entering K-5th



Hosted by
Nothridge Lutheran
Bethlehem Lutheran
\$50 refundable deposit \$25
refundable deposit for each
sibling

STUDENT REGISTRATION FORM

Contact: Kellie Nelson, (406) 752-6140 or office@bethluth,org (Please Print)

Child's Name	****				
	Child's Birth Date				
Parent/Guardian Name(s)					
Home Phone	Work Phone	Mobile			
Email	Preferred Contact Method				
EMERGENCY INFORM	MATION				
Emergency Contact 1		Phone			
Emergency Contact	2	Phone			
Doctor		Phone			
Food Allergies Yes	No If yes please explain				
Medical Concerns Yes No If yes please explain					
DISMISSAL					
Who may pick up you	r child at the end of each VBS day	y?			
Name	Relationship				
Name	Relationship				
Name	Relationship				
Parent/Guardian Sigr	nature	Date			

PARENT/GUARDIAN EMERGENCY MEDICAL TREATMENT APPROVAL

EMERGENCY AUTHORIZATION: I	, guardian of	_ I <mark>n the event I canno</mark>		
be reached, I give permission to medical personnel to order X-rays, routine tests and treatmen				
for my child. If I cannot be reached, I give permission for a qualified physician to hospitalize,				
secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my				
child.				
Signature of Parent or Guardian	Date			
MEDIA	A CONSENT			
I consent to the use of any photograph or videotape of my child taken during Vacation Bible				
School for use in future publications at North	ridge Lutheran Church.			
Signature of Parent or Guardian	Date			

