



**Child's/Children's Information**

1. Child's Name: \_\_\_\_\_ Gender: M F  
 Birthdate: \_\_\_\_\_ Age as of 1/1/24 \_\_\_\_ Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Gender: M F  
 Birthdate: \_\_\_\_\_ Age as of 1/1/24 \_\_\_\_ Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Gender: M F  
 Birthdate: \_\_\_\_\_ Age as of 1/1/24 \_\_\_\_ Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_  
 Email address(es): \_\_\_\_\_

Church: Central Lutheran \_\_\_\_\_ Other (please list) \_\_\_\_\_

**Medical Information** *(please complete in full)*

Physician's Practice: \_\_\_\_\_ Physician's Name: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital Address: \_\_\_\_\_

In case of an emergency, please contact if parents/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any Allergies or health problems (including food allergies):

Any additional information: \_\_\_\_\_

**Parent Release**

If my child becomes ill or is injured, I authorize Central Lutheran Church, Vacation Bible School volunteers and its staff to obtain emergency medical treatment, and I hereby release Central Lutheran and its staff and volunteers from liability for action taken pursuant of this release.

Additionally, I \_\_\_ do / \_\_\_ do not authorize Central Lutheran to include pictures of my child(ren) on social media.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

Please send this completed form to:  
 Central Lutheran Church – VBS  
 1000 Easton Rd  
 Dallas, TX 75218

For more information:  
 call: 214-215-7670  
 e-mail: [vbs@centrallutheran.org](mailto:vbs@centrallutheran.org)

Date Reviewed \_\_\_\_\_

\* Children must be 3 years of age by 1/1/24 and fully potty-trained.