

# 2024 VBS / DAY CAMP REGISTRATION & HEALTH HISTORY FORM

**RETURN FORM / FEE TO:** Trinity Lutheran Church, PO Box 188, Spring Grove, MN 55974  
or drop off in the office.

- If a scholarship is needed, please mark here. No additional information is needed.
- New this year!** Family rate is \$25 for two or more children.

**VBS - Preschool (age three) thru entering Kindergarten - \$10 fee**

**Day Camp – leaving Kindergarten thru Fifth Grade - \$20 fee**

**NAME OF CAMPER** \_\_\_\_\_

Grade (Fall '24) \_\_\_\_\_  Male  Female

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Home Congregation / Town \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_

Parent #1 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Parent #2 Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Parent / Guardian Address (if different from camper) \_\_\_\_\_

## MEDICAL ALLERGIES

If none apply, check here

Life Threatening?  Bee Stings  Yes  No  EpiPen available  Yes  No

Medical Allergies:  Yes  No \_\_\_\_\_

## FOOD ALLERGIES

If none apply, check here

Life Threatening?  Peanuts  Yes  No  EpiPen available  Yes  No

List food allergies: \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact Person - If Parent or Guardian cannot be reached.

Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Permission for this person to take the child for medical, dental, or other care?  Yes  No

## MEDICAL INFORMATION

Family Doctor \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## CONSENT INFORMATION

Yes  No My child is allowed to walk or ride a bus to and from an afternoon activity away from the church property.

Yes  No My child's photo or electronic media image may be used in the following ways:  
 On Facebook or Instagram  On Trinity Lutheran Church's website  
 In the church newsletter or other print materials

Parent / Guardian Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_