

Immanuel Evangelical Lutheran Church Bartlett, IL  
Vacation Bible School: Aug. 5 — Aug. 9, 2024  
**Registration Form**



Parent or Legal Guardian Name (First and Last) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number you can be reached at during VBS \_\_\_\_\_

**Please check membership / attendance status:**

- Immanuel Evangelical Lutheran
- Member of another church (Where? \_\_\_\_\_)
- Not a church member

**Publicity Permission:**

We will be taking pictures and possibly videos throughout the week of various activities and these may be used for publicity purposes on our web site, in our monthly Ministry newsletter and on flyers and invitations used to promote our program. No names. Only pictures will be used. Please sign below, indicating your permission to use your child's photograph for these purposes.

I give my permission for Immanuel Evangelical Lutheran Church to use my child's photograph for its Children's Ministry Program publicity purposes.

\_\_\_\_\_  
Parent Signature Date

**Medical Release / Liability Waiver:**

As a parent or guardian, I do herewith authorize the treatment, by a qualified and licensed doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release is effective from Aug. 5, 2024 through Aug 9, 2024.

Emergency Contact (other than yourself)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_

phone \_\_\_\_\_

This release form has been completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. In addition, I, the undersigned, waive responsibility of Immanuel Evangelical Lutheran Church and all workers of the Children's Ministry program if accident or injury occurs to my child under normal circumstances of participation in the Immanuel Evangelical Lutheran Children's Ministry Programs.

\_\_\_\_\_  
Parent/Guardian Signature Date

Child Information:

(If your child wants to be in a group with a particular friend, please list their name —We make no promises about keeping friends together, but we try our best.)

Child's first and Last Name	Birthdate	2024-2025 Grade	Friend Request
Child's first and Last Name	Birthdate	2024-2025 Grade	Friend Request
Child's first and Last Name	Birthdate	2024-2025 Grade	Friend Request
Child's first and Last Name	Birthdate	2024-2025 Grade	Friend Request
Total number of Children			

Please fill out completely and either mail or email to:

Immanuel Ev. Lutheran Church  
1116 E. Devon Ave.  
Bartlett, IL 60103

Email address:

[immanuelbartlett@sbcglobal.net](mailto:immanuelbartlett@sbcglobal.net)

Registrations can also be dropped off in Immanuel's office Mon. -Thur. from 9:00 a.m. - 11:30 a.m. Now through July 27th.