



HOPE LUTHERAN CHURCH
REGISTRATION FOR VACATION BIBLE SCHOOL
July 21-23, 2025 - 4:30-7:30PM

Return form to: PO Box 184, Ladysmith, WI 54848
or hlcladysmith@gmail.com

(one form per child)

Student First Name: _____ Student Last Name: _____

Age: _____ Gender: Male Female School Grade for 2025-2026 year (4K-5th grade): _____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

Place my child in the same group as (child's name): _____

Parent(s) Name (first and last): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant Hope Lutheran Church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by Hope Lutheran Church for the 2025 Vacation Bible School, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent Signature: _____ Date: _____