

Joseph and the Amazing Technicolor Dream Coat

Registration Form

Children's Names	Grade entering in fall	age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's/Guardian's Name _____

Address _____

Phone (Home) _____ (cell) _____

Medical Information

Allergies (especially food) or other conditions _____

Doctor's Name & Phone # _____

Parent/Guardian, please read and sign the following

In the event of an emergency requiring medical treatment, I give my permission to the church staff or Vacation Bible School personnel to obtain the services of a licensed physician. Please attempt to notify me concerning any such emergency. I release Holy Trinity Lutheran Church in Elgin, IL from any liability regarding such injury or sickness.

Parent/Guardian
Signature _____

Date _____

The following people have permission to pick my child up from rehearsal.
