

Good Shepherd Lutheran Church, Tacoma, WA

Vacation Bible School Registration Form

Join Us for a Week of Fun and Faith!

July 13-17, '26 9:00 am – 12:00 pm

Participant Information

- Child's Full Name: _____
- Date of Birth: _____
- Age: _____
- Home Address: _____
- Home Church (if applicable): _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information

- Emergency Contact Name: _____
- Phone Number: _____
- Relationship to Child: _____
- Alternate Pickup Name: _____
- Alternate Pickup Phone: _____

Medical Information

- Does your child have any allergies? Yes / No
- If yes, please specify: _____
- Is your child taking any medications? Yes / No
- If yes, please specify: _____
- Any other medical concerns: _____

Consent and Authorization

- I hereby authorize my child to participate in the Vacation Bible School program.
- I understand that photographs or videos may be taken during the program and consent to their use for promotional purposes.
- I have provided accurate and complete information regarding my child's health and emergency contacts.

Parent/Guardian Signature: _____

Date: _____

Additional Notes

- **Please return the completed form to the church office Mon – Fri 8:00 am-4:30 pm by July 1st, 2026.**
- Contact us at 253-473-4848 or secretary@gslectacoma.com for any questions or concerns.

Thank you for registering! We look forward to seeing your child at VBS.