



**PLEASE FILL OUT FORM AND RETURN TO
HOLY CROSS CHURCH. (No on-line registration.)**

VaCaTion Bible School 2025

July 14-17 (Monday-Thursday)

8:45 AM to Noon

Pre-k through grade 5

Holy Cross Lutheran Church

1500 Hooper Ave.

Toms River, NJ 08753

732/255-4455

Registration fees: \$10 for ONE child and
\$5 for each additional
child in the same family

PLEASE USE A SEPARATE FORM FOR EACH CHILD

CHILD'S NAME: _____

HOME ADDRESS: _____
(street address)

(town, state, zip)

CHILD'S BIRTHDATE: ____/____/____ AGE AS OF JULY 1st ____ **GRADE COMPLETED** ____

PARENTS' NAME(S): _____

PREFERRED CONTACT PHONE: _____ CELL _____ HOME _____

PARENT EMAIL: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

Who will be dropping off your child? _____

Relationship to child? _____

Who will be picking up your child? _____

Relationship to child? _____

please fill out other side and sign

CHILD’S HEALTH HISTORY (please check all that apply)

_____Frequent colds	_____Seizure disorder	_____Stomach upsets
_____Diabetes	_____Motion sickness	_____Asthma
_____Emotional upsets	_____Sleep disturbances	_____Physical disability
_____Learning disability	_____Behavioral disability	_____Vision (glasses, contact lenses)
_____Hearing disability		

ANY ALLERGIES TO FOOD OR MEDICATION? YES____ NO____

If Yes, please list_____

Will your child be taking any medications Vacation Bible School? YES____ NO____

If yes, please explain:_____

Any disabilities, please explain_____

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PLEASE CHECK ONE OF THE BOXES

☐ I am aware that pictures and/or videos of my child/youth may be taken at various events and programs hosted by Holy Cross Lutheran Church including, but not limited to: Sunday school, service, Youth Group Functions, and Vacation Bible School. I am aware and agree that these pictures and/or videos may be posted to social media sites or Holy Cross’ website. These pictures and/or videos will not be captioned with my child/youth’s name. The pictures and/or videos will be used for the purpose of illustrating and promoting the activities of the church.

I further understand that photos and/or videos may be posted to media sites by individual participants and these photos are outside the control of Holy Cross. Pictures and/or videos posted to the church’s website are considered the property of Holy Cross and may not be sold or reused without the expressed consent of the church administrators.

===== **OR** =====

☐ I have special concerns or requirements regarding photography &/or videography of my child/youth and agree to contact any Holy Cross administrators in advance of each event or program. The youth will be specially identified during the event indicating the youth may not be photographed by representative(s) of Holy Cross Lutheran Church.

I have read the foregoing disclaimer and agree to be bound by it.

PARENT’S SIGNATURE_____ DATE _____