

***Vacation Station at Lafayette Lutheran  
Registration Form***

Child's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail address: \_\_\_\_\_

The child will be released only to the person(s) signing this application, or to the following persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Parent's marital status:      Married                      Single                      Divorced                      Separated

Custody/Visiting Arrangements: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact other than Parent or Doctor: (This person will be allowed to pick-up your child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant permission for:

- \_\_\_\_\_ My child to use all of the playground equipment and participate in all activities of the school.
- \_\_\_\_\_ Any employee of Vacation Station to take whatever steps may be necessary to obtain emergency medical care if warranted.
- \_\_\_\_\_ My child to watch PG movies which may be shown at the teacher's discretion.
- \_\_\_\_\_ The administering of topical cream.

PLEASE RETURN THIS FORM WITH THE \$40 REGISTRATION FEE. PLEASE MAKE CHECK PAYABLE TO VACATION STATION  
AND MAIL TO: