

# Shepherd of the Valley Vacation Bible School 2026 Registration Form



Child 0-17 years old

Click on each field to type, then save the PDF and email it to sov.vbs@gmail.com.  
Alternatively, print the form and mail it to the address at the bottom

CHILD'S INFORMATION				
First Name	Mid. Initial	Last Name		Preferred Name
Birth Date	Age	Grade in school Fall 2026	T-shirt size Youth: XS S M L XL Adult: S M L XL XXL	
Address				
City		State	Zip Code	
PARENT/GUARDIAN CONTACT INFORMATION				
Parent/Guardian Name		Relationship to Child	Email #1	
Phone #1	Phone #2		Email #2	
ALLERGIES (Medical or Food) <i>mark N/A if no allergies or restrictions</i>				
Please list below any information we should know about your child:				
We will be providing a snack each day for the children. However, you may choose to send a snack in a labeled container. We encourage each child to bring a filled reusable water bottle each day labeled with their name.				
PARENT /GUARDIAN SIGNATURE				
Signature (sign or type)			Date	
Who will be picking up your child from VBS each day?				
Monday	Tuesday	Wednesday	Thursday	Friday
For 12-17-year-olds, please indicate which days they will be participating if not all days				
Monday	Tuesday	Wednesday	Thursday	Friday

Please complete the next page

MEDICAL INFORMATION		
Doctor's Name		Phone
Medical Insurance Company	Policy/Group Number	Subscriber's Name
Hospital Preference (if none, write NONE, and the closest one will be chosen)		
Current medications (if none, write NONE)		
AUTHORIZATION FOR CONSENT TO TREATMENT OF A CHILD		
<p>I hereby authorize Shepherd of the Valley Lutheran Church at 17625 NW Cornell Rd, Beaverton, OR 97006, to consent to any medical or surgical treatment for (child's name)_____ which such Church volunteers deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. Shepherd of the Valley Lutheran Church also has my permission to request transport of my child by ambulance for emergency medical treatment. I understand that I will be responsible for all costs related to ambulance transportation. This authorization will be effective for the week of VBS the summer of 2026.</p>		
Signature (sign or type)		Date
PHOTO AUTHORIZATION		
<p>I give my permission for my child to be photographed during Vacation Bible School. The photos and videos of VBS activities may be posted on various social media.</p> <p><b>*CHOOSE ONLY ONE OPTION*</b></p> <p>____ I DO authorize my child's picture (no names will be used) to be put on the church's website, Facebook, or marketing brochures.</p> <p>____ I DO NOT authorize my child's picture (no names will be used) to be put on the church's website, Facebook, or marketing brochures.</p>		
Signature (sign or type)		Date

Our VBS program is open to all ages! It will be an intergenerational event where children, teenagers and adults can participate together. There are two registration forms based on age, so please fill out the appropriate form based to let us know who is coming. Teens and adults have the option of attending one or all days - AND families can attend together.