

PHOTO AUTHORIZATION

I/We, the undersigned parent(s)/guardians of _____, hereby allow, permit and authorize Christ's Lutheran Church of Trumbauersville, to post a photograph or likeness of the face and head of my/our child, together with only his/her first name being used.

This authorization is with the understanding that the photo or likeness of my/our child will be used in church newsletter, Facebook page, and website with the understanding that no other information relating to the identity of the child or families will be used.

I/We have signed this form voluntarily and understand that I/We have the option to refuse this authorization.

Dated: _____

Signature of parent/guardian

Print Name of parent/guardian

**With thanks,
Christ's Evangelical Lutheran Church
Trumbauersville**



Vacation Bible School

Monday, July 29, 2024 to Friday, August 2, 2024

9:00am-12:00pm

at

Christ's Lutheran Church

218 E. Broad Street
Trumbauersville, PA 18970

Student's Name: _____

Grade Completed: _____ Birth date: _____

Home Church: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone: (____) _____

Email: _____

Brothers & Sisters: _____

Please list any known allergies or medical conditions
that we need to be aware of:

(Please complete one form per child, copy as necessary.)

Registration deadline is July 26th

For more information call:
Christ's Lutheran (215) 536-3193

