



Vacation Bible School Registration Form (one per family)

Evangelical Lutheran Church of All Saints

June 18 – June 22, 2018 9:00am – 12:00pm

Number of family members participating in VBS _____ (children must be 3 years of age)

Name	Age	Date of Birth	Grade Completed As of June, 2018

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Home e-mail address: _____

Current church congregation (if any): _____

Will parents be helping with VBS: Yes _____ No _____ If Yes: Days: M T W T F Times: 1 2 3 4 Hours
(please circle) (please circle)

Please list any allergies/medical conditions the VBS staff should be aware of, as well as any special needs or circumstances: _____

In case of emergency (when parent/guardian cannot be reached), contact name: _____

Telephone: (____) _____ Relationship to child: _____

The bearer of this form has my permission as parent/legal guardian to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment by a licensed physician. I agree that photographs, videos/DVDs of my child may be used for publicity, displays and other reasonable education type activities.

Print parent/guardian name: _____ Relationship: _____

Signature of parent/guardian: _____ Date: _____

Name of a friend your child might like to be with: _____

Registration Cost: \$10.00 per child for 1st two / \$8.00 Per child thereafter

Checks should be made out to Lutheran Church of All Saints

(Please contact us if financial assistance is needed)