

VBS REGISTRATION FORM

Trinity Lutheran Church

June 19-23, 2017

(form can be dropped off or brought with child on first day)

Grade in Sept. 2017 _____

Name: _____ M ___ F ___ Birth date ___/___/___

Name of Parents/Guardians: _____

Address: _____ Town _____ State ___ Zip _____

Phone _____ Cell _____ Email _____

Emergency Contact: _____ Phone: _____

INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL FOR OUR STAFF:

Allergies, handicaps, or any current medical needs: _____

I hereby give permission for my child to participate in the activities of Vacation Bible School, including a fieldtrip to the park on Friday, and for photographs of my child to be taken and used for church promotional purposes.

(Parent/guardian signature)

Date _____