

Vacation Bible School Registration  
June 17st – 21st, 2019 9:00 am – 12:00 pm



Name(s) Birthdate(s): Grade just finished/Age

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_

\_\_\_\_\_

Parents Work Numbers: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*If your child has an allergy to food, please come to the kitchen and approve of snacks for the day or please bring a snack for your child. There will be a paper for you to sign to approve of the snacks.

Name of Home Church: \_\_\_\_\_

I hereby \_\_\_ Grant \_\_\_ Do not Grant permission for Immanuel Lutheran Church to use pictures of my child on its website/Facebook.

Parent/Legal Guardian (Print Name): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_