



REGISTRATION FORM

First Lutheran and
St. John's Lutheran
July 12-16, 2010



Child's name: _____

Nickname/preferred name to be called: _____

Parent/Guardian name: _____

Address: _____

Home telephone: _____

Cell phone: _____

Home email address: _____

Child's age: _____ Date of birth: _____ Gender: M F

Last school grade completed: _____

Home church (if any): First St. John's Other: _____

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

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies/medical needs the VBS staff should be aware of: _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Tell us anything special you'd like us to know about your child (use back side if you'd like)

This will / will not be my child's first large-group experience other than Sunday school.

Special needs/circumstances: _____

Signature of parent/guardian: _____

Interested in volunteering? Yes No

Register online! <http://toolkit.thevbsplace.org/firstandstjohns>