



July 14-18, 2014
at Christ & Trinity Lutheran Church

Registration Form

Child's Name: _____

Nickname/preferred name to be called: _____

Parent/Guardian name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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

Last school grade completed: _____

Siblings: _____

Home church (if any): _____

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: _____

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

ONE friend my child would like to be with: _____

Special needs/circumstances: _____

Signature of parent/guardian: _____