



**Vacation Bible School**  
**July 18 - 22, 2016**  
**6:30 pm - 8:30 pm**  
**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: \_\_\_\_\_