

Vacation Bible School Registration
St. John's Lutheran Church - June 16-20, 2024
6:00 PM - 8:15 PM (Supper Served at 5:30 PM)

Register by June 1, 2024
Return form to St. John's Lutheran Church
Or email b_vangrouw@hotmail.com

(One form per child please)

Child's Name: _____

T-shirt size _____

Grade Completed: _____ Age: _____

Parent's Name: _____

Parent's Address: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Food Allergies: _____

Medical Concerns _____

*Medical Release: I give my permission for the VBS staff to administer basic first aid to my child(named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

*Vacation Bible School leaders have permission to photograph/film the minor designated above for any lawful purpose associated with this VBS program.

Siblings Attending VBS:

1. _____

2. _____

3. _____

4. _____

Church Affiliation: _____

Person(s) who may pick up the child:

1. _____

Phone: (_____) _____

2. _____

Phone: (_____) _____

Parent Signature: _____ Date: _____