



St. Michael Lutheran Church

Register me for VBS

August 1 – 5, 2011

9:00 – Noon

Children ages 3 (by September 1)
through Grade 5 (going into)

Please complete one form per child.



Child's name _____

2011/2012 Grade _____ Birth date/year _____ Age _____

Parent / Guardian Names _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency contact person: _____

Relationship to student: _____

Home Phone _____ Alt. Phone _____

Food allergies Yes No (List) _____

Medical Concerns Yes No (explain) _____

Family Doctor _____ Doctor's Phone _____

Siblings Attending VBS (names and ages; twins—specify together or separate)

Church membership at _____

People who may pick up child _____

Transportation Needed? Yes No

ATTENDANCE

1 2 3 4 5

I hereby grant the VBS leaders permission to photograph/film the minor designated above for any lawful purpose associated with this VBS program.



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