

For VBS Use Only:

Date Received _____

Amount Paid _____ Cash or Check

Crew/Class _____

2019 VACATION BIBLE SCHOOL
June 24 - 28
St. Paul Lutheran Church

REGISTRATION FORM

Registration fee is \$25.00 per child and \$30 if received after June 6th. Registration is non-refundable. Please make check payable to St. Paul Lutheran Church.

Parent/Guardian Information:

Last Name: _____ First Name(s): _____

Street Address: _____

City, State & Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Home Church _____

Emergency Contact Name _____ Phone _____

The following person(s) are authorized to pick up my child/children: _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Student Information (Please complete for each child attending VBS):

Child's Name _____ Prefers to be called _____

Birth Date _____ School Grade Just Completed _____

Please list any allergies or known medical concerns _____

Child's Name _____ Prefers to be called _____

Birth Date _____ School Grade Just Completed _____

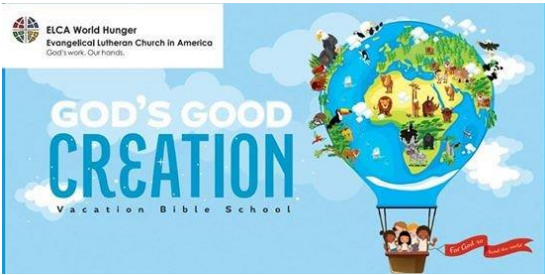
Please list any allergies or known medical concerns _____

Child's Name _____ Prefers to be called _____

Birth Date _____ School Grade Just Completed _____

Please list any allergies or known medical concerns _____

Children will be grouped by age.



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