



# CHRIST LUTHERAN VBS 2018

August 6th-10th 9:00-12:30

REGISTRATION DEADLINE July 27th

\$5.00 per child

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Child's age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Last Grade Completed in school \_\_\_\_\_

Parents/Guardians name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

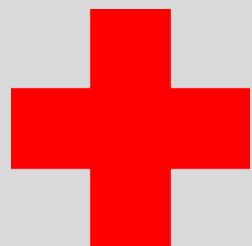
Home church \_\_\_\_\_

Do we have permission to take and post photos of your child on our FB page :      yes/no

Allergies or other medical conditions/medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



In case of an emergency contact \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_