



Grace Lutheran Church
 Vacation Bible School
God's Big Back Yard



June 16th -20th, 2008, 9:30 a.m.- 12 :30 p.m.
 Registration Form (this form may be duplicated)
 Deadline: Monday June 9th, 2008

Name: _____

Grade Completed: _____ Age: _____ (3years to 5th grade) Date of Birth: ____/____/____

Street address: _____

City: _____ Zip Code: _____

Home telephone: _____ Cell Phone: _____

Home e-mail address: _____@_____

Home church: _____

Special Requests (if any): _____

Special needs, transition problems, (or other concerns) of the child, that the leader should be aware of:

I give permission to have my child's picture taken to possibly be used on Grace Lutheran Church website

(parent signature) _____

T-shirt size : Child 6-8 _____ Child 10-12 _____ Child 14-16 _____ Adult SM _____ Adult M _____

Registration Financial Donation:
\$15 per child/\$40 max per family suggested
(please include with registration form) this cost includes t-shirt

Important!

Authorization Emergency Medical Care
 Grace Lutheran Church VBS June 16th—20th, 2008

As the Parent/Guardian of _____, I hereby authorize the attending physician in the case of a medical situation where I cannot be contacted, or where time is essential, to administer emergency medical care if it should become necessary while my child is attending Vacation Bible School.

In case of emergency, contact: _____ Phone: _____

Parent/ Guardian: _____ Day phone: _____

Parent/ Guardian: _____ Day phone: _____

Medical Insurance Company: _____ Policy#: _____

Known allergies _____

