

Christ Lutheran Church VBS Registration Form (please fill out one registration form per child.)

Child's First Name _____ Last Name _____

Male ___ Female ___ Age _____ Date of Birth: _____ / _____ / _____
Month Day Year

Child's Grade (Grade Child Will Be In When School Starts In The Fall) _____

Child's Address: _____ / _____ / _____ / _____
Street City State Zip

Parent's/Guardian's First Name _____ Last Name _____

Parent's/Guardian's Home Phone (____) _____ Cell Phone (____) _____

Other Info: _____

Person to be contacted in case of emergency if parent or guardian cannot be reached:

1. Name _____ Phone (____) _____ Relationship to Child: _____

2. Name _____ Phone (____) _____ Relationship to Child: _____

Does child have any medical condition(s) that we should be aware of? _____

(Allergies, medications, etc.) If so, please explain. _____

Siblings who will also be attending VBS _____

I, the undersigned, give permission for my child to participate in all VBS activities.

If I cannot be reached in an emergency, I give permission for my child to receive proper treatment as needed.

I understand that photographs are taken during VBS and I agree that any photographs taken of my child at or during this event may be used in future church authorized publications or projects as deemed appropriate.

Parent or Guardian's Signature:

Signed: _____ Date: _____ / _____ / _____
Month Day Year

You may print this registration form, fill it out and mail it to:

VBS Registration Form
% Christ Lutheran Church
290 Idema Street
Shreveport, LA 71106