

Our Savior Lutheran Church Vacation

Bible School

July 20 - 24, 2009

9am - 12 noon



Child's name (one form per child)

Grade completed Birthday Age

Parents' names

Address

City State Zip

Home phone Cell phone

Emergency contact person

Home phone Alt. phone

Food allergies Y N (List)

Medical concerns Y N (Explain)

Family doctor Doctor's phone

Siblings attending VBS (names and ages)

Church Membership at

Pastor's Name

Brought/picked up by

_____ \$10.00 registration fee paid

Attendance 1 2 3 4 5



Our Savior Lutheran Church Vacation

Bible School

July 20 - 24, 2009

9am - 12 noon



Child's name (one form per child)

Grade completed Birthday Age

Parents' names

Address

City State Zip

Home phone Cell phone

Emergency contact person

Home phone Alt. phone

Food allergies Y N (List)

Medical concerns Y N (Explain)

Family doctor Doctor's phone

Siblings attending VBS (names and ages)

Church Membership at

Pastor's Name

Brought/picked up by

_____ \$10.00 registration fee paid

Attendance 1 2 3 4 5

