IMMANUEL LUTHERAN CHURCH
229 11th Ave W Grinnell, IA 50112
Office: 641-236-6691

VBS DATES: JULY 18—20 9am-11am

STUDENT REGISTRATION FORM

(Please Print) Please complete 1 form for each child

Child's Name _____

Child's Age _____ Child's Birth Date ___/___/_____ Grade Completed _____

Parent/Guardian Name(s) _____

Parent/Guardian Home Address_____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Preferred Contact Method _____

Transportation Needed? Yes _____ No _____

Days Attending MON _____ TUES _____ WED_____

If visitor, Church affiliation _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Medical concerns (Explain) _____

Allergies _____ Food Allergies _____

Doctor _____ Phone _____

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name _____ Relationship to child _____

Name _____ Relationship to child _____

VBS leaders have permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with this VBS program

Parent/Guardian Signature _____ **Date**___/___/_____