



Trinity Evangelical Lutheran Church Vacation Bible School Registration Form

July 8-July 10, 2019 6:00pm – 8:00pm

Family Night

July 11, 2019 6:00pm – 7:00pm

4 years old through 6th grade (One form per family)
Registration Cost: \$15 per child/\$12 per child thereafter

Youth Helpers (7th - 12th grade) -- \$5 per helper

Name	Date of Birth	Grade Entering In Fall 2019	Shirt Size (Please circle one)			
			YS	YM	YL	YXL
			AS	AM	AL	AXL
			YS	YM	YL	YXL
			AS	AM	AL	AXL
			YS	YM	YL	YXL
			AS	AM	AL	AXL
			YS	YM	YL	YXL
			AS	AM	AL	AXL

Parent's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____ Cell phone: (____) _____

Home e-mail address: _____

Current church congregation (if any): _____

In case of emergency (when parent/guardian cannot be reached), contact: _____

Telephone: (____) _____ Relationship to child: _____

Please list any allergies/medical conditions the VBS staff should be aware of, as well as any special needs or circumstances: _____

The bearer of this form has my permission as parent/legal guardian to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment by a licensed physician. I agree that photographs, videos/DVDs of my child may be used for publicity, displays and other reasonable education type activities.

Print parent/guardian name: _____ Relationship: _____

Signature of parent/guardian: _____ Date: _____