



# Vacation Bible School

JUNE 18 - 22, 2018

9:00 AM - 12:00 PM

Use this form to sign up by June 1, 2018

as an adult assistant, teen team member, or attending child

**VBS Classes: Pre-K for ages 3-4; Kindergarten, and Grades 1-5**

## St. Paul's Lutheran Church, ELCA

1200 West Cornwallis Road, Durham, NC 27705-5731

Phone: 919-489-3214; fax: 919-490-1088 – website: [stpaulsdurham.org](http://stpaulsdurham.org)

Registration Fee of \$20  
Paid by  check  cash Date: \_\_\_\_\_  
*office use only*

**ADULT:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Days available \_\_\_\_\_  
Interested: moving with a group    crafts    refreshments    recreation    music    other

**TEEN Team:** Name \_\_\_\_\_ Last grade completed \_\_\_\_\_

**CHILD** Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Last grade completed \_\_\_\_\_ School attended \_\_\_\_\_

Does the student attend church school?    Yes    No    If so, where?

Parents' names \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' names \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact person \_\_\_\_\_ relationship to child \_\_\_\_\_

Emergency Contact phone(s) \_\_\_\_\_

Food allergies    Y    N    List: \_\_\_\_\_

Medical Concerns    Y    N    Explain: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

Church affiliation/membership \_\_\_\_\_

Siblings attending VBS (names & ages) \_\_\_\_\_

Need before VBS care:    Yes    No

Need after VBS care:    Yes    No

If you need before or after care we will send you information.

You should be able to open this file in Adobe, type in the information, print and send with your registration fee (\$20 per child).