



IMMANUEL LUTHERAN CHURCH  
229 11th Ave W Grinnell, IA 50112

Office: 641-236-6691

**VBS DATES: JULY 21—23 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 \_\_\_/\_\_\_/\_\_\_\_