



Registration Form

St. Luke's Lutheran Church, July 31-August 4, 2011

Please print clearly. If you are registering more than one child, you may complete this form for the first child and then write only the other children's names on the additional forms.

Child's name: _____ Nickname if any: _____

Parent/Guardian name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Child's age: _____ Date of birth: _____ Gender: M F

Last school grade completed: _____ Height: _____ Weight: _____

Brothers and sisters also attending VBS: _____ list on separate forms _____

Home church (if any): _____

In case of emergency (if parent/guardian can't be reached), please contact:

Name: _____

Phone: _____

Relationship to child: _____

Please list any **allergies/medical needs/medication** the staff should be aware of: _____

Physician's name and phone number: _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Phone: _____

Please explain any special needs or circumstances: _____

Signature of parent/guardian: _____