



## VBS Registration Form

Dates **August 1-5 6:15 – 8:15 p.m.** **Grace Lutheran Church, Lancaster, PA** Confidential Form

Child's name: \_\_\_\_\_

Nickname/preferred name to be called: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

Last school grade completed: \_\_\_\_\_

Siblings: \_\_\_\_\_

Home faith community (if any): \_\_\_\_\_

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs the VBS staff should be aware of:

\_\_\_\_\_

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

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

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This will/will not be my child's first large-group experience other than Sunday School.

ONE friend my child would like to be with: \_\_\_\_\_

Special needs/circumstances: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please indicate below if you would like to volunteer

Site Guide   Assistant   Registrar   Other

Evenings available: \_\_\_\_\_

## Emergency Card

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### Emergency Contacts:

Name/Number/Relationship: \_\_\_\_\_

Name/Number/Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Other: \_\_\_\_\_

Physician: Name/Clinic/Phone \_\_\_\_\_

Dentist: Name/Clinic/Phone \_\_\_\_\_



**Grace Lutheran Church  
Vacation Bible School  
August 1 – 5, 2010  
6:15 pm – 8:15 pm**

**Questions?  
call the office: 397-2748**