

# VBS REGISTRATION FORM 2024

Dates June 24 - 28 Church: Good Shepherd Lutheran Church

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

Preferred name to be called: \_\_\_\_\_

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

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

Telephone # to be reached \_\_\_\_\_

Email address \_\_\_\_\_

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

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

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

Home Church: \_\_\_\_\_

In case of emergency (when the 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: \_\_\_\_\_

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

\_\_\_\_\_ 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 need/circumstances: \_\_\_\_\_

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

Please indicate below if you would like to volunteer:

Crafts      science      games      music      decorating      classroom