



Registration Form

Child's Name: _____ Gender: _____

Child's Age: _____ Date of Birth: _____ Grade Entering in the Fall _____

Name of Parent(s)/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Home _____ Cell _____

Email Address: _____

Food Allergies or Other Medical Conditions: _____

In Case of Emergency Contact: _____

(If Parent is unavailable)

Phone: (_____) _____ Relationship to Child: _____

Does Salem Lutheran Church have permission for your child's name and/or photograph to appear in church written, video, and online publicity? YES NO (circle one)

Is your child up to date on their vaccinations? YES NO (circle one)

Parent/Guardian Signature: _____

*The registration fee is \$15/child to help offset the cost of supplies. Please make checks out to Salem Lutheran Church and write "VBS" on the memo line. Scholarships are available!

** Return completed registrations to Nicole Judkins or to Salem's church office.