



# 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 Rita Johnson or to Salem's church office.