



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)

Child's Tee Shirt size (circle one) YS YM YL AS AM

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.