

Vacation Bible School Registration Form

Sunday, July 15 - Thursday, July 19, 2018 6:00 pm - 8:00 pm

Dinner provided at 5:30 pm for families with a free-will donation.

\$15 per child submitted with this completed form to:

St. Paul's Lutheran Church

345 Old Swede Road, Douglassville, PA 19518 610.385.6616

Child's Name: _____

Date of Birth: _____ Age _____ School Grade Completed _____

Parent/Family/Guardian Name: _____

Address: _____

Email: _____

Phone numbers for contact during VBS:

Home: _____ Cell: _____ Work: _____

Emergency Contacts other than above:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Name: Who may pick-up Child from VBS?

Allergies/Medical Information/Special Concerns/Other _____

Name of your child's friends here at St. Paul's: _____

Name of your home church: _____

Permission to photograph Child? (Pictures may be posted without names.) ____ Yes ____ No

Name of Adult or Teen members of your family willing to volunteer: _____

For Church Use: Child's Group Assignment: _____