



Register Me for St John Lutheran's VBS 2010!

Child's Name: _____

Grade Completed: _____ Birthday: _____ Age: _____

Parent Name(s): _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact Person: _____

Relationship to Student: _____ Phone: _____

Food Allergies: Yes No List: _____

Medical Concerns: Yes No List: _____

Family Doctor: _____ Phone: _____

Siblings/Friends attending VBS (names & ages): _____

Home Church: _____

Pick-Up Persons: _____

Please return this form to the Church Office at P.O. Box 774, Palmer, AK 99645

One form per Child Please

- I hereby grant the VBS leaders at St John Lutheran Church permission to photograph the minor here designated in any manner or form for any lawful purpose associated with this VBS program

~For Office Use Only~

Attendance

- Sun Mon
 Tues Wed Thurs
