



Registration 2025

Vacation Bible School

July 7 - 11, 5:30pm to 8pm

(Light dinner will be served to children at 5:30pm)

Please complete one registration per child

Please Print Clearly

Group (Office Use)

Child's Name: _____ Age: _____ Grade in Fall: _____

Allergies or other medical conditions: _____ Baptized? Y / N Attended last year Y / N

Please circle all days attending: Mon Tues Wed Thurs. Fri.

Parent's Name(s): _____

E-mail Address: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell: () _____

Emergency contact #1: _____ Telephone: () _____

Emergency contact #2: _____ Telephone: () _____

(Please list any persons who may be picking up your children)

Children may be released to: _____

I, _____, authorize in case of an EMERGENCY, that Our Redeemer Lutheran Church can give First Aid or that my child can have Emergency Medical Treatment

Signature (indicates permission is given)

Home Church: _____

How did you hear about VBS? _____