

**Memorial Lutheran Church Vacation Bible School (VBS)
Participant Registration Form**

20-24 June 2016

Child Information:

_____		_____		_____
First Name	Last Name			Nickname
_____		_____		_____
Street Address	City	State	Zip Code	Phone Number
_____		_____		_____
Date of Birth	Yes	No	If Yes, Date of Baptism	
	Is this child baptized?			

Parent/Guardian Information:

_____		_____		_____
First Name	Last Name			Email Address
_____		_____		_____
Street Address (if different from above)	City	State	Zip Code	Daytime Phone Number
_____		_____		_____
Home Church (Name, City)				Pastor's Name
_____				_____
Emergency Contact	Phone Number			Relationship to Child
_____				_____
Parent/Guardian Signature				Date

Unless otherwise instructed in writing, only the child's parent/guardian (listed above) may pick up this child after Vacation Bible School each day