

**VBS Registration Form for Immanuel Lutheran July 23rd-July 27th, 5:00-7:30pm with supper from 5-5:45**

Child's name \_\_\_\_\_

Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size: YS YM AS AM AL AXL

Parents' names \_\_\_\_\_

Home address \_\_\_\_\_ Email Address \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Food allergies Y N (List:) \_\_\_\_\_

Medical concerns Y N (Explain:) \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Siblings attending VBS (*names and ages*) \_\_\_\_\_

Church affiliation \_\_\_\_\_ Church membership at \_\_\_\_\_

People who may pick up my child \_\_\_\_\_

Will you plan to have your child attend the child led church service at Immanuel on July 30th at 9:00 am? \_\_\_\_ Yes \_\_\_\_ No

VBS leaders have permission to photograph/film the minor designated above for any lawful purpose associated with this VBS program.

**Parent's/Guardian's signature:** \_\_\_\_\_

*One form per child, please. Return to the Immanuel Church office at 110 Main Street Sweet Springs. Online registration available at:*

**[www.lcmsimmanuel.org](http://www.lcmsimmanuel.org)**

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