

**St. Paul Lutheran Church
Vacation Bible School 2019
August 4-8 6:00-8:00 pm**



**Registration form – one for each participant, please.
Return to Church Office.**

Child's Full Name: _____

Date of Birth: _____ Age: _____

Grade in school (grade for 2019/2020 school year): _____

Address: _____

Phone Number (Home): _____ (Cell): _____

Emergency Contact(s) (Please include names, numbers, and relation to your child.)

Is there anything we should know about your child? (ex: this is his/her first experience away from home; allergies, etc.)

I give my permission for my child to be in pictures during the Vacation Bible School program

Yes _____ No _____

How did you learn about our VBS program?

Member _____ Newspaper _____ Other _____

