

Vacation Bible School Registration Form (one per family)

Evangelical Lutheran Church of All Saints/Joyful Harvest, Johnsburg

June 13 – June 17, 2022 9:00 am to 12:00 pm

Number of family members participating in VBS _____ (children must be 3 years of age)

Name	Age	Date of Birth	Grade Completed As of June, 2022

Street Address _____ City _____

State _____ Zip Code _____

Home Telephone: (____) _____ Cell Phone (____) _____

Home e-mail address _____

Current church congregation (if any) _____

Will parents be helping with VBS: Yes ____ No ____ If Yes: Days: M T W T F Times? 1 2 3 4 - Hours
(Please circle) (please circle)

Please list any allergies/medical conditions the VBS staff should be aware of, as well as any special needs or circumstances: _____

In case of emergency (when parent/guardian cannot be reached), contact name: _____

Telephone: (____) _____ Relationship to child: (____) _____

The bearer of this form has my permission as parent/legal guardian to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment by a licensed physician.

I agree that photographs, videos/DVDs of my child may be used for publicity, displays and other reasonable education type activities.

Print parent/guardian name: _____ Relationship: _____

Signature of parent/guardian: _____ Date: _____

Name of a friend your child might like to be with: _____

Registration Coast: \$10.00 per child for 1st two / \$8.00 Per child thereafter

Checks should be made out to Lutheran Church of All Saints (Please contact us if financial assistance is needed)