



Vacation Bible School
July 17-21, 2017
9am to Noon

Participant Registration Form (one per child)

Child Name: _____

Home Congregation: _____

Age: _____ Last school grade completed: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Email: _____

Emergency contact (**during VBS hours**): _____

Emergency contact phone number: _____

Allergies/Medical conditions: _____

Learning Needs: _____

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

I give my child _____ permission to participate in all Vacation Bible School activities, which may include being photographed or videotaped. I also give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Registration Fee: **\$50 for first child and \$25 for additional children from the same family.**

Please make checks payable to **Our Saviour's Lutheran Church** and mail with the registration form(s) to:
Our Saviour's Lutheran Church, 160 Hill Farm Road, Fairfield, CT 06824