

# 2017 Vacation Bible School Registration Form

Prince of Peace Lutheran Church • 2445 Lake Minsi Drive • Bangor, PA 18013 • 610-588-2355

Child's Name: (one form per child please) \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Home Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Home Phone Number: \_\_\_\_\_

Emergency Contact Cell Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Allergies:  Yes  No If yes, please list allergies: \_\_\_\_\_

Medical Concerns:  Yes  No If yes, please explain: \_\_\_\_\_

Church Membership at: \_\_\_\_\_

## Siblings Attending VBS:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Person(s) Who May Pick Up The Child:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permission granted to photograph/video the minor designated above for any lawful purpose associated with this VBS program and Prince of Peace Lutheran Church. **Photographs/video of my child may be used on church website, newspapers, church publications, or other church related purposes.**  Yes  No

**Child's name may accompany photo used in newspapers or other church related purposes.**  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_