

2019 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: _____