



Vacation Bible School
July 18-22, 2016
9 am to Noon

Participant Registration Form (one per child)

Child's Name: _____

Home Congregation: _____

Age: _____ Last School Grade Completed: _____

Name of Parent(s)/Guardians: _____

Address: _____

Email Address: _____

Emergency Contact and Phone Number: _____
(During Vacation Bible School Hours)

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 the 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.