



**Vacation Bible School • July 15-19, 2019 • 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.