

**VBS REGISTRATION  
FORM 2013**

**Dates** June 24 - 28 **Church:** Good Shepherd Lutheran Church

Child's Name: \_\_\_\_\_

Preferred name to be called: \_\_\_\_\_

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

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

Telephone # to be reached \_\_\_\_\_

Email address \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender M F

Last school grade completed \_\_\_\_\_

Siblings: \_\_\_\_\_

Home Church: \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached), please contact: Name

\_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs the VBS staff should be aware of

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Person Responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

\_\_\_\_\_

This will/will not be my child's first large-group experience other than Sunday school

One friend my child would like to be with: \_\_\_\_\_

Special need/circumstances: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Please indicate below if you would like to volunteer:

Crafts      science      games      music      decorating classroom