

**New Hope and St. John's Lutheran Church**  
**Vacation Bible School Registration Form: July 3, 5-8, 2011**

Child's Name (first and last)	Age	Last Grade Completed	Allergies that camp staff would need to know	T-shirt size

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

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

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Person responsible for picking up this child at the end of VBS evening:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for photographs of my child to be placed on the New Hope Lutheran Church or St. John's Union Church website. I understand that images will not be labeled with my child's name.

Signature: \_\_\_\_\_ Date \_\_\_\_\_