

**Vacation Bible School Registration Form**  
**New Hope Lutheran & St. John's Lutheran Church**

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

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

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

\_\_\_\_\_

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

Child's Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

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

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

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

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

Please list any allergies the VBS staff should be aware of: \_\_\_\_\_

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

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

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

Please mail forms to Angela Homan, 162 Wagner Road, Centre Hall, PA 16828

