



Vacation Bible School
 July 23-27
 8:30 a.m.-11:45 a.m.
 Hope Lutheran Church
 Sunnyside Seventh Day Adventist Church

REGISTRATION FEES: \$10 per child
\$25 per family (3 or more)

Child's name _____

Grade completed _____ Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____ Cell phone _____

Emergency contact person _____

Emergency contact phone number _____ Cell phone _____

Food allergies Yes No List: _____

Medical concerns Yes No Explain: _____

Siblings attending VBS (names and ages): _____

Home church _____

Your child will be placed in a group of 8-10 multi-age students for the week. You may request one child to be a group mate with them, if desired. _____

I hereby grant the VBS leaders permission to photograph/film the minor (s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent signature _____

(Please fill out one form for each child attending. Thank you)

