

First Lutheran Church/Camp Lutherhoma Vacation Bible School

STEP 1 Parent/Guardian

Full Name: _____

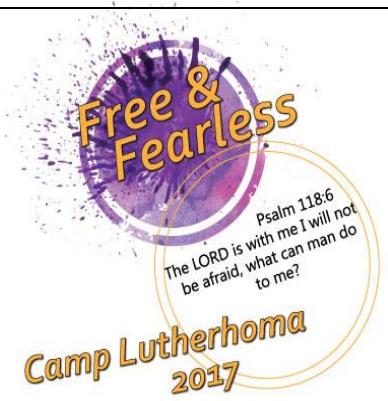
Phone: _____

Email: _____

Relationship to Child: _____

Does this parent live at the address below? Y / N

List the names of others authorized to pick up your child:



STEP 2 Address Information (primary residence of child)

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

STEP 3 Individual Kid's Information

Child 1

First Name _____ Last Name _____ Birth Date ____/____/____

Gender _____ Grade _____ School _____

T-shirt Size _____ Shoe Size(for bowling) _____

Allergies/Special Needs _____

Child 2

First Name _____ Last Name _____ Birth Date ____/____/____

Gender _____ Grade _____ School _____

T-shirt Size _____ Shoe Size(for bowling) _____

Allergies/Special Needs _____

Child 3

First Name _____ Last Name _____ Birth Date ____/____/____

Gender _____ Grade _____ School _____

T-shirt Size _____ Shoe Size(for bowling) _____

Allergies/Special Needs _____

STEP 4 How Can We Help

Do you or your family have any special needs that we may be able to help with? _____

Are there any needs in your community or neighborhood that we can help with? _____

- By registering my child for this event, I authorize my child's image may be photographed, filmed and used in video, print, and web presentations.
- By giving my contact information, I understand that I will be added to First Lutheran Church's mailing list. First Lutheran Church will not give your personal information to any third parties.