

VBS Registration Form

(One per Child)



June 11-15, 2018

8:30 AM - Noon

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

One person you want to be on a crew with you: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

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