



**Trinity Lutheran  
Vacation Bible School  
Registration Form  
Registration is just  
Free VBS  
Free Family Dinner (4 Meals)**

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
Child's age: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
Please list any allergies/medical needs the VBS staff should be aware of: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
Child's age: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
Please list any allergies/medical needs the VBS staff should be aware of: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
Child's age: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
Please list any allergies/medical needs the VBS staff should be aware of: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
Child's age: \_\_\_\_\_ Grade (going into): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
Please list any allergies/medical needs the VBS staff should be aware of: \_\_\_\_\_

**Parent/guardian name:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home faith community (if any): \_\_\_\_\_

**Person responsible for picking up this child/these children at the end of each VBS day:**  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**In case of emergency (when parent/guardian cannot be reached), please contact:**  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship to children: \_\_\_\_\_

Special needs/circumstances VBS staff should be aware of: \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

[www.trinityclawson.org](http://www.trinityclawson.org)

749 W. 14 Mile Road

(248) 435-8025

Our VBS theme this year is

**SCHOONER ISLAND**

**July 31<sup>st</sup> – Aug 3<sup>rd</sup> 6:00PM – 8:00PM**

Please indicate if you will be attending dinner Yes  No  Number attending \_\_\_\_\_.

