



VBS 2018 REGISTRATION FORM

**ST. JOHN'S LUTHERAN CHURCH, JUNE 25-29, 9AM-NOON
3YRS OLD (POTTY TRAINED)-GRADE 6**

Child's Name: _____ Male Female

Age: _____ Date of Birth: _____ Grade (for the 2018-2019 school year): _____

Parent's Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Home Church: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Emergency Contact Relation: _____

Does your child have any allergies, medical conditions, or activity restrictions?

Anything else we should know? _____

I give permission to St. John's Lutheran Church to use pictures of my child taken at VBS for informational and/or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Please return completed form to:

St. John's Lutheran Church
47 Winthrop Street
Williston Park, NY 11596

Or email completed form to:

office@stjohns-wp.org