



ST. JOHN'S VBS 2023 REGISTRATION FORM

**SATURDAY, AUGUST 12, 2023 | 9:00 AM-NOON
AGES 3-8 (MUST BE POTTY-TRAINED)**

Child's Name: _____ (M / F)

Age: _____ Date of Birth: _____

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 the completed form to:

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

or email the completed form to:

office@stjohns-wp.org