

REGISTRATION FORM

(one per child)

First Lutheran Church
1406 Sixth Street
Floresville, TX 78114
830-393-2747

June 24 thru 28
9:00 AM thru 12:00 Noon
Ages: 3 years thru 5th grade

Child's Name: _____ Gender: Male _____ Female _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parents: _____

Street Address: _____

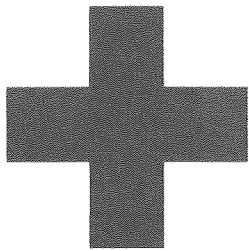
City: _____ State: _____ Zip: _____

Home Telephone: _____ Parent/Caregiver's Cell Phone: _____

E-Mail: _____

Home Church: _____

Person(s) Picking up Child: _____



In Case of Emergency Contact:
Relationship to Child:
Phone #:
Allergies or other Medical Conditions:

Days Attending Bible School: Mon: _____ Tues: _____ Weds: _____ Thurs: _____ Fri: _____

Are there any days you can help with VBS? If so, when? _____

*I hereby give permission for my child's photograph to be taken at VBS and included on our website:

Yes _____ No _____ _____

Parent/Caregiver's signature

Crew Number (for church use only) _____