



June 19-23  
Vacation Bible School  
Registration Form  
(One Per Child Please)

Child's name: \_\_\_\_\_

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

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Parent/caregiver's cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Names of those with permission to pick up your child \_\_\_\_\_

Does Good Shepherd Lutheran Church have your permission to take photos or videos of your child during this week of Vacation Bible School to be posted on promotional material and social media? Yes \_\_\_\_\_ No \_\_\_\_\_