



2009 VBS Registration Form

Fees paid: <input type="checkbox"/> yes <input type="checkbox"/> no
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Child's name: _____ Birthdate: _____

Age: _____ Grade child will be entering this Fall: _____

Parent(s) name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____

During VBS, parent(s) can be reached at this number: _____

If parent(s) cannot be reached, please contact (name): _____

Phone number: _____ Relationship to child: _____

Name of child's doctor: _____

Doctor's phone number: _____

Please list any food allergies: _____

Please list any allergies to medication: _____

Is there anything else we need to know about your child? _____

Are you a member of Good Shepherd Lutheran Church? yes no

If not, are you a member elsewhere? yes no

If yes, where are you a member? _____

We will distribute tee shirts the first night of VBS. These shirts are to be worn each night during VBS. Please check the appropriate size for your child.

Child's Name: _____

Child: S (6-8) M (10-12) L (14-16) XL (18-20)

Adult: S (6-8) M (10-12) L (14-16) XL (18-20)

How did you hear about our VBS? (please check all that apply)

Newspaper Cable ad Church bulletin Posters

Friend/neighbor If so, what is their name? _____

Mailing Church website Other: _____