



All Saints Lutheran Church

VBS 2018

Ages 3 yrs to 4th grade

August 6th - 10th
9:30-12:00

-----Cut and Save Top Portion -----

Child's Name _____ Grade entering _____ Age _____

Please list any food allergies or medical conditions that we should be aware of:

*If registering multiple children, please use a separate form but only fill out the portion above if information below is the same for all children.

Address _____ City _____ Zip _____

Cell Phone _____ Add't Cell Phone _____

Parent's Names _____

Email _____

Home Church (if any) _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Consent and Release Form

- I give permission for my child(ren) to participate in the All Saints Lutheran VBS Program.
- I authorize use of photographs of my child(ren) for publication in videos, websites, or brochures about VBS.
- I assume all risk of personal injury, sickness, damage and/or expenses because of participation.

Parent/Guardian Signature _____ Date _____

*VBS is a FREE community outreach program but Lunch Bunch is offered as drop in after care until 3:00 for \$9.00 per day. Please send a packed lunch.

Lunch Bunch: M T W TH F