

Prince of Peace Lutheran Church
VACATION BIBLE SCHOOL
REGISTRATION FORM

June 19, 20, 21 9:15 am to 12:45 pm
(age 4 by June 2017 to 5th grade)



Child's Name: _____ Birth Date: ____/____/____

Grade Entering in fall 2017: _____ Wants to be in class with: _____

Parent Name(s): _____

Home Phone: _____ Cell # _____

Address: _____ email: _____

Home Church: P.O.P. Member: ____ Non-member?: ____ would you like more information? ____

Are you able to help with VBS? (teach, assist, crafts, drama, music, lunch) _____

On the back of this form, please list known allergies, physical restrictions, and any other information.

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

In the event of a medical emergency, you, the VBS and church leaders, are authorized to obtain medical care for my child and are hereby released from any further responsibility.

On occasion photographs are taken during VBS activities. Photos are used in church publications to promote programs. No names will be posted.

Parent Signature: _____ Date: _____

VBS Registration/Program Fees

Includes bible story items, crafts, music CD and lunch

\$35 per child \$65 per family

TOTAL \$ _____ Cash _____ or Check # _____

Please sign up BEFORE Tuesday June 13, 2017. Return fee and form to the church office.