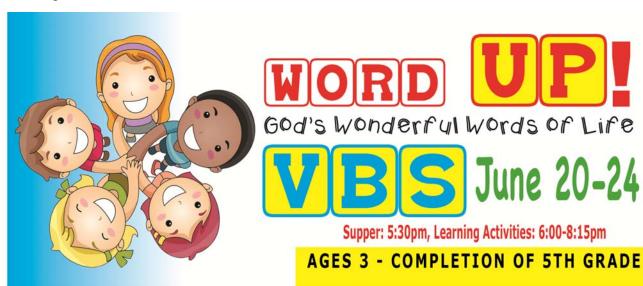
Page 8 THE MESSENGER

## **VBS** Registration

Date:



Child's Name:
Parent/Guardian Name:
Address:
Home Telephone: Cell phone:
Home email address:
Child's Age: Last school grade completed:
Home congregation (if any):
In case of Emergency (when the parent/guardian cannot be reached) please contact:
Name:
Telephone: Cell Phone:
Relationship to child:
Please list any allergies the VBS staff should be aware of:
Person responsible for picking up this child at the end of each VBS Day:
Name:
Telephone Number: Cell phone:
(Please pick up all children at the back entrance of Luther Hall.)
Signature of parent/guardian: