



**Servants of Christ Lutheran
Church**

2009 VBS July 13 - 17

REGISTRATION FORM

(One per child)

Open to children ages 2 (potty-trained) through entering 5th grade.

Name: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home telephone: _____

Parent cell phone number: _____

Home e-mail address: _____

Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____ Father: _____

Other guardian: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number (for church use only) _____

Name of a special friend child might want to be with if possible: _____

Cost: \$10 per child; \$25 per family of 3 or more

Payment enclosed (checks payable to Servants of Christ Lutheran Church) **yes** **no**

Did child attend Servants of Christ VBS last year? _____

Parents: We would like to invite you to serve one volunteer shift on one of the evenings during the week. No preparation is needed. On-site training available! Please indicate the day(s) you will be available to help out:

Mon **Tues** **Wed** **Thurs** **Fri**