United Church of Christ of Robesonia St. Daniel's Evangelical Lutheran Church

2024 VBS Registration Form

Current School Year:



Child's Name #1:	Birth Date (mm/dd/yyyy):	Grade in fall:	
	Birth Date (mm/dd/yyyy):		
	Birth Date (mm/dd/yyyy):		
	Birth Date (mm/dd/yyyy):		
e-mail:	Other Phone (cell/work): Home Church:		
Address:	Other Phone (cell/work):		
Emergency Contacts: Name: Name:	Relationship: Phone:		
Information that may be helpful for us to k	now about your child/children:		
to receive emergency medical care (circle From time to time, pictures are taken at chu and our community we are asking your pe	outheran Church permission to have my child/children transport one:_Yes / No). urch activities. To help promote youth activities to other youth, permission to publish pictures of church activities that might inc Lutheran Church permission to use photographs of my child/c	parents, the general membership, lude a photograph of your child.	
Parent/Guardian Signature:		Date:	