



# VBS REGISTRATION FORM

## St. Mark's Lutheran Church

Monday, June 4<sup>th</sup> through Friday, 8<sup>th</sup>, 2018

9:00 am to 12:30 pm

(One Per Child)

Child's name: \_\_\_\_\_ Gender: male  female

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ School grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell phone: (\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

Siblings attending VBS: \_\_\_\_\_

\_\_\_\_\_

People who may pick up child: \_\_\_\_\_

Any days child will miss class: \_\_\_\_\_

T-shirt size:(circle one)      YXS    YS    YM    YL    YXL    AS    AM    AL    AXL    AXXL

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Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Thank You  
Questions: Stacie Korte 419-910-0152  
Church Office 419-238-6336