



One form per child, please.

July 19-23, 9:00-12:00

Child's name \_\_\_\_\_

Grade completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size: YOUTH S M L ADULT: S M L XL XXL

Early registration guarantees t-shirt

Parents' names \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Home phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Food allergies Y N (List:) \_\_\_\_\_

Medical concerns Y N (Explain:) \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Siblings attending VBS (names and ages) \_\_\_\_\_

Church affiliation \_\_\_\_\_ Church membership at \_\_\_\_\_

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

Attendance: ALL MON TUE WED THUR FRI

Number of people attending free closing lunch on Friday (all family members are invited) \_\_\_\_\_

By registering for VBS, I hereby grant the VBS leader the permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Divine Savior Lutheran Church  
Hwy. K & Monroe  
Hartford, WI  
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