

ELIM LUTHERAN CHURCH

VACATION BIBLE SCHOOL

JULY 9- 13, 2018 9- NOON

\$ 25 PER CHILD/ \$ 60 FAMILY MAX

(ONE FORM PER CHILD)



Child's Name: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade going into THIS fall: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent/Caregiver Cell Phone: \_\_\_\_\_ Okay to text: \_\_\_\_\_

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

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

*\*Note: If you child has a food allergy, please let Denise know.\**

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_