

Child's Last Name	First Name	Allergies Y/N	Age*	Last Grade

Parents' Names:	Home Phone:
Address:	Cell Phone:
Postal Code:	Other:
Email:	
Other Emergency contact:	Phone:

* Allergies/ medical information/ anything else we should know:	Home Church: <input type="checkbox"/> Hosanna <input type="checkbox"/> Jesus Reigns Forever <input type="checkbox"/> Other _____
<input type="checkbox"/> I agree to allow photos of my child to be used in church presentation or church promotional materials. Signature: _____	

HOSANNA LUTHERAN CHURCH 9009 – 163 Street Edmonton, AB T5R 2N8 780-484-3932 sonja@hosannalutheran.ab.ca		VBS 2019
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For Office Use Only:

Child's Name	S	M	T	W	T