



**VACATION BIBLE SCHOOL  
REGISTRATION  
St. John's Lutheran Church  
August 1/2, 2018  
6:30 to 8:30 p.m.**

**Event for Ages 4 through 6th Grade  
(Must turn four by  
November 30, 2018 to attend)**

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

**Gender:** F \_\_\_\_\_ M \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade (in September)** \_\_\_\_\_

**Parent/Guardian(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone (1):** \_\_\_\_\_ **Phone (2):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**How Did Hear About Us:** \_\_\_\_\_

**PARENT PERMISSION FOR PHOTOGRAPHS**

I am the parent/guardian of the child listed above and grant permission to St. John's Lutheran Church to use photos of my child for use in promoting activities associated with the St. John's Lutheran Vacation Bible School. **Names of children will not be published.**

Church: St. John's Lutheran Church

Website: [www.stjohnsop.com](http://www.stjohnsop.com)

Activity: St. John's 2018 Vacation Bible School

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_