



REGISTRATION FORM

2016 Vacation Bible School

Saturday, August 27th and Sunday, August 28th
9:00 a.m. – 12:30 p.m.

Bethlehem Lutheran Church
405 E Ninth Ave, Brodhead
897-2341

(One form needed for each child registered)

For all children age 4 through those having completed grade 5

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home e-mail address: _____

Child's Age: _____ Last school grade completed: _____

Home Congregation (if any): _____

In case of emergency, contact: _____

Mother: _____ Phone number: _____

Father: _____ Phone number: _____

Other: _____ Phone number: _____

Allergies or other medical conditions: _____

Name of special friend your child might like to be with: _____

Person responsible for picking up this child after VBS each day: _____

Phone number: _____

Pictures are taken during classes and various activities during our VBS program. They are for church use only to share the program with our congregation. May we include your child/children in these pictures? _____ Yes _____ No

Parent/Guardian Signature _____ Date: _____