



Registration Form 2024

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Grade Entering: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

e-mail address: _____

Allergies or other medical conditions: _____

Special needs/accommodations needed _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

During Vacation Bible School, photos are taken during the many activities.

_____ I give permission for Hope Lutheran to use any picture/video of my child to publish.

_____ I do not give permission for Hope Lutheran to use any picture/video of my child to publish.

Name of person picking up the child each evening: _____

If above named person is not available, I give permission for the following people to pick up my child from VBS:

This person is NOT permitted to pick up my child _____

Parental Signature _____