

Prince of Peace Lutheran Church
2007 Vacation Bible School Registration Form
VBS Week: August 6th – 10th (9 – Noon)

Full Name (First, Middle, Last)		
Age	Birth Date (m/d/y)	Last Sunday School Grade Completed
Name of Parents(s) / Guardian(s)		
Address 1		
City, State, Zip		
Home Phone	Work Phone	Email Address:
Name of Parent(s) Church		
Parent (s) Email		
Name of Parents(s) / Guardian(s)		
Address 2		
City, State, Zip		
Home Phone	Work Phone	Email Address:
Name of Parent(s) Church		
Parent (s) Email		
Names of Brother(s) or (Sisters)		
Emergency Contact		Phone
Doctor's Name		Phone
Any known allergies or medical conditions that the teacher should be made aware of?		
School Your Child Attends		Grade
Has your child been baptized?		Date of Baptism
I'd like my Vacation Bible School mail to be sent to: <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> Both Addresses		
Are you willing to help with teaching, a craft, or childcare?		
Please tell us about crafts or activities you would enjoy teaching:		
Days you are available to help: <input type="checkbox"/> Monday 8/7 <input type="checkbox"/> Tuesday 8/8 <input type="checkbox"/> Wednesday 8/9 <input type="checkbox"/> Thursday 8/10 <input type="checkbox"/> Friday 8/11		
<input type="checkbox"/> REGISTRATION FEE ENCLOSED: <input type="checkbox"/> \$25.00 per child <input type="checkbox"/> \$50.00 Family rate PAID BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <i>Note: Please make checks payable to Prince of Peace Lutheran Church and write VBS on the memo line</i>		