

PARTICIPANT REGISTRATION FORM

Vacation Bible School: July 15-18, 2024, from 5:30-8pm, dinner provided. Hope Lutheran Church, 1975 S. Old Highway 94, Saint Charles, MO www.hopelutheranelca.org | 636-946-8922 | vbshopelutheran@gmail.com

Name:	
Nickname:	
	Upcoming school grade this Fall:
Siblings attending VBS:	
Home congregation (if any):	
Please list any medical conditions or	allergies (including food allergies) VBS staff should be aware of:
Does your child have one or mor	e peers attending VBS who they'd like to be with? If so, list them here:
Address:	
Home phone:	Cell phone:
Email address:	
Parent/Guardian 2 Name:	
Address:	
	Cell phone:
Email address:	
In case of emergency, contact perso	on if parent/guardian cannot be reached:
Phone number(s):	Relationship to Participant:
Person/people who will pick up par	ticipant at the end of the VBS day:

We love it when caregivers volunteer! Please indicate below if you would like to help:

- ___ I can volunteer during all the days of VBS
- ___ I can volunteer on the following days: _
- ___ I can volunteer to help with set up or tear down of VBS
- __ I am unable to volunteer

Throughout VBS, we may take videos or photos of the kids in action. We only share photos and videos of kids who have a signed Media Release Form. Check here if you have signed the Media Release Form for your child.

We are so excited to have your child at VBS! Is anything you would like to us to know so we can make sure they have the best week possible?

T-shirt size needed?

Parent/Guardian Signature:

For office use only

The VBS team will use this section to assist with any organizational needs such as recording small group information, tracking receipt of the Media Release Form, and additional information.



Date:

