



**St. John's Lutheran Church Vacation Bible School
August 10-14, 2009 8:30 am - 11:30 am**

Please complete a separate form for each child.

Name _____ Address _____

Phone _____ Birthday _____ Last Grade Completed _____ Age _____

Parent's Name(s) _____

Contact Person during VBS _____ Phone: _____

Member Non-Member Church Home _____

Any information we need to know about your child this week (allergies, special needs, etc.)? _____

Need Transportation? _____

REGISTRATION TO BE A HELPER!!!

Name _____ Telephone Number _____

What area and what age group? _____ Can you donate snacks? _____

A DONATION TO HELP DEFRAY COST WOULD BE APPRECIATED!

