Register me for Amazing Desert Journey VBS!

6-10 Aug 2012, 9am-noon at Evergreen Lutheran Church in Seabeck Registration fee: \$5 per child

One form per child, please. You may copy this form or download another one at www.seabecklutheran.org.

Child's Name				_
Grade Entering	Birth Date	Age'	·	
* For o	children in Preschool (3 yea	ars & potty trained) to	6th grade	
Food allergies or other med	dical conditions			_
Parent's Name(s)				
Address			Zip Code	
Home phone	me phone Cell phone			
Emergency contact person				
Emergency contact phone #		_ Relationship to stud	lent	
Family doctor	[Doctor's phone		
Siblings attending VBS (names				
Church affiliation				
Release Information:				
People who may pick up your cl	nild			
People who may NOT pick up y	our child			
My student in grades 5/6 may le (All other students will need to b			day. Yes No	
Please tell us how you learned	about our VBS (underline a	pplicable answers):		
Newspaper Web site Poster	in community Sign at ch	urch Sign at School	Sign in Car Window	Friend
Came last year Other (please	specify)			
VBS staff have permission to phethis VBS program.	notograph/film the minor de	signated above for an	y lawful purpose associ	iated with
Parent Signature				_

Walk-ins welcome! However, if possible, please pre-register by Aug 3rd.

Mail your completed form(s) and registration fee(s) to:

Evergreen Lutheran Church PO Box 740 Seabeck, WA 98380

For more information, call (360) 830-4180 (M-F 9-12)



