



## VBS REGISTRATION FORM

July 27, 2009 to July 31, 2009

9:00 am to 12:00 noon

Olivia the Owl wants to know "Who, Who,  
Who will be at Vacation Bible School!"



Child's name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ Preschool (As of Oct. 1<sup>st</sup>, my child will be 4 and potty trained)

In the fall, my child will be going into:

\_\_\_\_\_ Kindergarten      \_\_\_\_\_ Second Grade      \_\_\_\_\_ Fourth Grade

\_\_\_\_\_ First Grade      \_\_\_\_\_ Third Grade      \_\_\_\_\_ Fifth Grade

\_\_\_\_\_ Sixth Grade

Emergency contact name and number: \_\_\_\_\_

Allergies: \_\_\_\_\_ EPIPEN or Medication Required: ☐ Yes ☐ No

Person responsible for picking up this child at the end of each VBS day:

\_\_\_\_\_ Phone # \_\_\_\_\_

\*Please make check payable to LCOS. **\$15.00 for the first child, \$10.00 for sibling.** Mail to: Evangelical Lutheran Church of Our Savior Attention: VBS 204 Wayne Avenue, Haddonfield, NJ 08033. Registration is on a first come, first served basis. Maximum registration is 100 children. Any questions please contact Jaime Fallon at 609-876-1050 or [jaimefallon@comcast.net](mailto:jaimefallon@comcast.net).

\*\*Please send a plain white t-shirt with your child the first day of VBS. Please have your child's name on the shirt (either written on the tag, or on a piece of masking tape).

\*\*\*Each family is asked to donate a bottle of juice or can of powder lemonade. Please bring the first day of VBS.

\*\*\*\*Please sign and return attached photograph permission form.

## PHOTOGRAPH PERMISSION FORM

By signing this form, you allow the Lutheran Church of Our Savior to use photographs taken of your child/children during Vacation Bible School in publications and for website articles.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren) \_\_\_\_\_