

guardian/parent signature

Beautiful Savior Lutheran Church VBS Registration 6-8:00 p.m. June 2-6, 2024

Child's Name	· · · · · · · · · · · · · · · · · · ·			Child's Gender						
Child's Age	Date of Birth Last school grade completed									
Name of parent(s	s)									
Street Address: _										
City:	State: Zip:									
Home telephone	: (.)								
Parent/caregive	r's cell phon	e: ()					 		
Home e-mail add	lress:			· · · · · · · · · · · · · · · · · · ·						
Home church:				· · · · · · · · · · · · · · · · · · ·						
Youth Shirt Size	2/4 6/8	10/12	14/16	Adult Shi	rt Size:	S	M	L	XL	
Crew number or	name (for c	hurch us	e only):							
	Aller	gies or C	Other Med	lical Condit	ions:					
	In ca	se of em	ergency,	contact:						
	Phone:								_	
	Relationsh	ip to chi	ld:						-	
May we use pictu	ires of your	child on	BSLC soc	cial media, v	website	and p	ublica	ations	?	
Ves No										