



# Vacation Bible School

## 2017 Registration Form

**Dates:** July 10-14, 2017 (Register by July 1<sup>st</sup>!)

Monday to Friday 9:00am-Noon.

**Cost:** Registration is \$45 per child—\$90 max per family. Mail to Immanuel Lutheran Church, 14103 Saratoga Ave., Saratoga. CA 95070 or drop off at church office. **Scholarships** are available – call Ann, Immanuel Church Administrator: 408–867–0822.

**Ages:** Classes are available for children 3 to 10 years of age [preschool to kids entering 6<sup>th</sup>].

**Please turn in your registration and money by Sunday, June 18<sup>th</sup>, 2017.**

Attendee's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Grade (as of 9/17) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

T-Shirt size \_\_\_\_\_

Zip Code \_\_\_\_\_

Please use a **separate form for each attendee.**

Attend Immanuel? \_\_\_\_\_

The information on this form is not part of the acceptance process, but is gathered to assist us in identifying appropriate care for your child.

Another church – which? \_\_\_\_\_

This form must be filled out by parents/guardians of minors.

Parent or Guardian Name(s) \_\_\_\_\_

Phone numbers where you can be reached during the day (please circle best number to call)

Home # \_\_\_\_\_ Work # \_\_\_\_\_

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

Home Address (if different than attendee address) \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact (other than above) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship to Attendee \_\_\_\_\_

Allergies (please list) \_\_\_\_\_

Is attendee covered by medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate carrier plan or name \_\_\_\_\_

Group Number \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_