

# Vacation Bible School Registration Form



June 22-24  
Evenings 5:30-8:00  
Check-in 5:15-5:30

Children's Names	Birth Date	Fall 2010 school grade
Child 1 _____	_____	_____
Child 2 _____	_____	_____
Child 3 _____	_____	_____
Child 4 _____	_____	_____

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Home e-mail address: \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Please list any allergies the VBS staff should be aware of:

\_\_\_\_\_

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

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Return to: All Saints Lutheran, 2951 Chapel Valley Road, Fitchburg, WI 53711

Questions: Contact Kathryn Olszewski 833-8560 or [katholsz@aol.com](mailto:katholsz@aol.com)