

VBS PRE-REGISTRATION FORM

Evangelical Lutheran Church of Durham

Sunday, June 24- Thursday, June 28

6:30-8:30 PM each evening

(REGISTRATION: Sunday, June 24 from 6:00 - 6:20 pm)

~ one per child ~



Child's Name: _____ Girl / Boy (circle one)

Child's Age: ____ Date of Birth: ____ / ____ / ____ Last School Grade completed: _____

Names of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent/Caregiver Cell: _____

Email Address: _____

In case of emergency, contact: _____ Phone: _____

Relationship to Child: _____

Allergies, other Medical conditions, other special needs:

Home Church: _____ (if any)

I give my permission for my child to take part in VBS, which is conducted by Evangelical Lutheran Church through their employees and volunteers acting on their behalf.

Parent Signature: _____ Date: _____

T-Shirt Size: _____

Please return by June 3!

PANDAMANIA
Where God is Wild about You!™