

St James Lutheran Church - Vacation Bible School Registration

Child's Name _____ One form per child please

Age _____ Birthday _____

Parents Names _____

Home Address _____

Phone _____

Emergency Contact _____ Relationship to student _____

Emergency Contact Phone _____

Food Allergies (Yes or No) List _____

Medical Concerns (Yes or No) Explain _____

Family Doctor _____ Phone _____

Church Affiliation _____

People who may pick up the child _____

VBS leaders have permission to photograph the minor designated in any manner or form for any lawful purpose associated with the VBS program.

Parent's Signature _____

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Email completed form to stjamesoffice@stjamessumter.org