

VACATION BIBLE SCHOOL Registration Form



**JULY 20 - 24, 2009
6:00 to 8:30 PM**

Parent/Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person _____ Phone Number _____
MUST BE INCLUDED **MUST BE INCLUDED**

Home Church _____

Known allergies or other medical concerns _____

YOU MAY REGISTER UP TO 5 CHILDREN FROM THE SAME HOUSEHOLD ON ONE FORM.

	<u>Name of Child</u>	<u>Age</u>	<u>Last Grade Completed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**PLEASE COMPLETE THIS FORM AND RETURN OR MAIL IT TO
SAINT PAUL'S LUTHERAN CHURCH NO LATER THAN JULY 15, 2009.**

**Saint Paul's Lutheran Church
12022 Jerusalem Road
Kingsville, MD 21087
410-592-8100
www.stpaulskingsville.org/vbs.htm**