

VBS Registration Form

(one per child please)

Child's Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Child's Date of Birth: _____

Last School Grade Completed: _____ Parent/Caregiver's Cell Phone: _____

Home E-mail Address: _____

In case of emergency, contact: _____

Mother's Name: _____

Father's Name: _____

Allergies or other medical conditions: _____

T-Shirt Size: Child: XS S M L Adult: S M L (circle one)

Home Church: _____

Lab Crew Number (for church use only): _____

Children will get messey and wet, so old clothes are O.K.

Please return your VBS Registration Form to: Trinity Lutheran Church, 920 8th Avenue, Lewiston, ID 83501
If you have any questions, please call Carmen Petersen, (208) 798-8700.