



VBS Camper Registration Form

July 23-26, 2018; 9:00am-12:00pm

Cost: 1st child—\$30; each additional child (in same household)—\$25 each

Parent/Guardian 1: _____ Work Phone: () _____ Cell Phone: () _____

Parent/Guardian 2: _____ Work Phone: () _____ Cell Phone: () _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Email address: _____ Member? "Y" "N"

I heard of the VBS at Our Savior's through: _____

CHILDREN REGISTERING FOR VBS (must be at least 4 years old and bathroom independent)

Student 1: _____ Birthdate: _____ Grade (in fall): _____

Any special needs we should be made aware of? * "Y" "N" If yes, please specify: _____

Friend Request: ** _____ Youth T-shirt Size: "S" "M" "L" Adult T-Shirt _____

Student 2: _____ Birthdate: _____ Grade (in fall): _____

Any special needs we should be made aware of? * "Y" "N" If yes, please specify: _____

Friend Request: ** _____ Youth T-shirt Size: "S" "M" "L" Adult T-Shirt _____

Student 3: _____ Birthdate: _____ Grade (in fall): _____

Any special needs we should be made aware of? * "Y" "N" If yes, please specify: _____

Friend Request: ** _____ Youth T-shirt Size: "S" "M" "L" Adult T-Shirt _____

* Such as food allergies, physical/mental challenges, learning disabilities, first time away from home, custody arrangements, etc.

** If your child wants to be grouped with a friend, we will do our best. The other child must be in the same grade and we can only accommodate one friend request per person.

Registration Form + Payment reserves your spot.

Mail this form, with payment to:

Our Savior's Lutheran Church
Attn: Vacation Bible School
215 Mukilteo Blvd, Everett, WA 98203

_____ (parent/guardian initial) I give my permission to Our Savior's Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

IF I CANNOT BE REACHED, I GIVE PERMISSION FOR VBS STAFF TO CALL FOR MEDICAL ASSISTANCE AND/OR TRANSPORT MY CHILD TO A LOCAL MEDICAL FACILITY AND SEEK TREATMENT BETWEEN THE DATES OF July 23-26, 2018.

SIGNATURE: _____

DATE: _____