



Vacation Bible School Registration Form 2019

June 24-26 (Mon.- Wed.) 4:30-7:30—Ages 3 years (must be potty trained) to 5th Grade

Immanuel Lutheran Church

830 South Avenue West

Missoula, MT 59801

406-549-0736

Please complete the following information on this confidential form.

Child's Name _____

Nickname/preferred name to be called _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Home Email Address _____

Child's Age _____ Date of Birth _____ Gender: M F

Last school grade completed _____

Siblings _____

Home Faith Community (if any) _____

In case of emergency (when parent/guardian cannot be reached), please contact:

Name _____

Telephone _____ Relationship to Child _____

Person(s) responsible for picking up this child at the end of each VBS day:

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Please list any allergies/medical needs the VBS staff should be aware of:

Tell us anything special, including special needs/circumstances you would like us to know about your child.

I grant permission for photos/video of my child to be used for promotional/entertainment purposes.

Signature of Parent/Guardian _____

ONE friend my child would like to be with during VBS _____

Please indicate below if you would like to volunteer:

Guide Assistant Kitchen Help (meal prep, serving and/or clean up) Other

Days Available _____

A suggested donation of \$20/child or \$50/family is asked to help defray costs.

Please consider donating extra to help sponsor a child that may not be able to afford it. Thank you!