



# VBS Camper Registration Form August 12-15, 2019; 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 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 AUGUST 12-15, 2019.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_