Bethel Lutheran Church
Vacation Bible School 2021
Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Grade entering: _____

Name of parents(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Shirt size: Child XS/ Child S/ Child M/ Child L/ Adult S/ Adult M/ Adult L/ Adult XL/

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____

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