

Christ's Lutheran Church - Oreland
700 East Pennsylvania Ave., Oreland, PA

Vacation Bible School | Registration Form

For children ages 4 to 8

NAME OF CAMPER _____ AGE _____

Unless otherwise specified, siblings will be placed in the same group/team.

PARENTS' NAMES _____

ADDRESS _____

PHONE _____

E-MAIL ADDRESS _____

YOUR PHONE # _____

WHILE CHILD IS IN VBS _____

EMERGENCY CONTACT
(NAME & NUMBER) _____

HEALTH INSURANCE PROVIDER & POLICY # _____

_____ Yes, I have attached a photocopy of my current health insurance card.

ALLERGIES _____

WHAT IS REACTION _____

OTHER MEDICAL ISSUES _____

DATE OF LAST TETANUS BOOSTER _____

I certify that my child is in good health and can participate fully in the activities during VBS 2016. I give permission for the camp directors to seek emergency medical assistance for my child in case of accident or sudden illness if I cannot be reached. I also give permission for photographs of my child to be taken for promoting VBS through the congregation's media ministry.

PARENT'S SIGNATURE _____ DATE _____

Please return to Christ's Lutheran Church with registration.
REGISTRATION DEADLINE IS the second Friday of June