



**VBS REGISTRATION
FORM**

June 24th – June 28th, 2019
9 a.m. to Noon

Christ Lutheran Church
7511 N. Atlantic Ave.
Cape Canaveral, FL
(321) 783-3303

Child's Name _____ Grade Completed _____

Birthday _____ Age _____

Parents' Names _____

Address _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person _____

Relation to Child _____ Phone # _____

Food Allergies: Yes No (List) _____

Medical Concerns: Yes No (Explain) _____

Family Doctor _____ Dr. Phone _____

Siblings Attending VBS (Names & Ages) _____

Church Affiliation _____

People who may pick up the child _____

Permission to use mosquito repellent? Yes No

Permission granted to photograph/film the child designated above for any
lawful purpose associated with this VBS program? Yes No

Days Attending: Mon. Tues. Weds. Thurs. Fri.