



Vacation Bible School 2020 Registration Form

Please print one per child.

CHILD'S FIRST & LAST NAME: _____

NICKNAME/PREFER TO BE CALLED: _____ BIRTHDATE: _____

AGE/GRADE ENTERING IN FALL (CIRCLE) - (Pre-K (3-4 yrs), KG, 1st, 2nd, 3rd, 4th): (Pre-K must be potty-trained)

PARENTS/GUARDIANS NAME(S): _____ PHONE: _____

PARENTS/GUARDIANS EMAIL: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

INSURANCE CARRIER: _____ GROUP/POLICY NUMBER: _____

HOME CHURCH: _____ CITY: _____

SPECIAL INTERESTS OR HOBBIES: _____

ANY RESTRICTIONS TO PHYSICAL ACTIVITIES:

ALLERGIES (FOOD, DRUGS, INSECTS, ETC.): _____

PEOPLE AUTHORIZED TO PICK UP CHILD FROM CAMP: _____

T-SHIRT (CIRCLE SIZE): Y-XSMALL Y-SMALL Y-MED Y-LARGE A-SMALL A-MED

EMERGENCY RELEASE: I will not hold Lord of Life Lutheran Church and their staffs responsible for accidents, claims, and damages arising from my child's participation in camp activities. I also give Lord of Life Lutheran Church permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MAKE CHECK PAYABLE TO LORD OF LIFE LUTHERAN CHURCH (PLEASE NOTE VBS IN MEMO) & MAIL OR RETURN CHECK AND REGISTRATION TO THE CHURCH OFFICE: LORD OF LIFE LUTHERAN CHURCH, 9700 NEENAH AVE., AUSTIN, TX 78717. QUESTIONS CALL 512-671-6700.