

Trinity Lutheran Church

1470 W. St. Rt. 28, Union City, IN-OH
765 964-5712

Mini ONE DAY Vacation Bible School Registration Form Sunday, July 23 - 12 Noon to 3:00 p.m.

Child's Name: _____

Parent/Guardian _____

Address _____

Home Telephone: _____ Cell Phone: _____

Child's age: _____ Date of Birth: _____ Gender: M or F

Last School grade completed: _____ Siblings attending: _____

IN CASE OF EMERGENCY

When parent/guardian cannot be reached, PLEASE CONTACT:

Name: _____

Telephone: _____

Relationship to child: _____

Please List any allergies/medical needs the VBS staff should be aware of:

Person Responsible for picking up this child at the end of VBS :

Name: _____ Telephone: _____

List any special needs or anything you think we should know about your child:

Signature of Parent/Guardian: _____

Date: _____