

VBS Registration Form

Part 1– Parental Information

Mother (or other female adult)

Name: _____ Home/cell phone: _____

Home address: _____

Work phone (if applicable on Sundays in case of emergency): _____

Most used email address: _____

A member of St. John's Lutheran Church: _____yes _____ no

Father (or other male adult)

Name: _____ Home/cell phone: _____

Home address: _____

Work phone (if applicable on Sundays in case of emergency): _____

Most used email address: _____

A member of St. John's Lutheran Church: _____yes _____ no

Part 2– Emergency Contacts/Other authorized adults for pick up

Emergency Contact Person: _____ phone: _____

Emergency Contact Person: _____ phone: _____

Please note who is authorized to be picking up your child(ren) if it will not be a parent: _____

Please list all children you are registering below:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Thank you for taking the time to complete this form!

Mail or scan/email this form to St. John's Lutheran Church-
Snail mail: St. John's Lutheran Church 210167 State Hwy 13 Spencer, WI 54479
Email: jennyfaith659@gmail.com

Circle which
date(s) you are
registering kids
for:

\$5 each nite

July 10

July 17

July 24

July 31