

## SON SURF BEACH BASH VBS Tuesdays & Thursdays, June 7-23, 2016 Dinner Served Every Night @ 5:30 p.m. Classes from 6:00 - 8:00 p.m.



| Parents:                                                                          | Home Phone #                                                                                  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Address:#, Street, City                                                           |                                                                                               |
| #, Street, City Zip Code: E-M                                                     | Nail:                                                                                         |
| I give my permission for my child(ren)                                            | to: (Please initial all that apply):                                                          |
| Attend Vacation Bible School o                                                    | at First Lutheran Church                                                                      |
| Allow photos of my family mem                                                     | nbers to be used in Church Presentations and Publications                                     |
| Be medically treated in case of                                                   | f an emergency                                                                                |
| Emergency Contact                                                                 | Emergency Phone                                                                               |
| Child's Name                                                                      | Birth Date/Grade Completed in School                                                          |
|                                                                                   |                                                                                               |
| Are there any medical allergies or cond                                           | ditions that we should be made aware of? YES NO                                               |
| Please let us know who is allowed to pic<br>ages 4 through 3rd grade to ensure th | ck up your child(ren). An adult must pick up children<br>e safety of our children. Thank you! |

You can call to reserve your spot or drop off/mail in your registration. See you there!!

Invite a friend and Register Today!