

VBS REGISTRATION FORM



Trinity Ev. Lutheran Church

175 S. 3rd Street

Lehighton, PA 18235

www.tlclehighton.com

(one form per child, please)

June 26-30, 2017 † 6:30-8:30 p.m.

Age 3 to Grade 6

Child's Name _____ Child's gender: _____

Age: _____ Date of Birth: _____ Last grade attended: _____

Name of parent(s): _____

Address: _____

Home telephone: _____ Cell phone: _____

Email address: _____

Home church: _____

Crew number or name (for church use only): _____

Emergency contact: _____

Phone: _____

Allergies or other medical conditions: _____

Would parent(s) be interested in helping with VBS? _____

We hope to showcase the photos to the congregation of Trinity. The photos may also be used in the local newspaper, displayed on posters at Trinity, and/or be on Trinity's website.

YES, I give my child permission to be photographed.

NO, I do NOT give my child permission to be photographed.

Signature: _____ Date: _____