

VBS 2024 - Camp Firelight Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____

Date of birth _____ Age _____

Last school grade completed _____

Special Needs/Allergies/Medical Information/Other:

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS

Family members helping: who? _____ where? _____

Photo Release: _ Grace Lutheran Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, and presentations. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use

Parent/Guardian's signature:

_____ Date _____

****Donations greatly appreciated****

