

Child's name _____

Age _____ Grade entering _____ Birthday _____

Parents' names _____

Address _____

Primary Phone _____ Email _____

Would you like to be added to Our Savior's mailing list Y N

Medical concerns Y N Explain _____

Other concerns Y N Explain _____

Family doctor _____ Doctor's phone _____

Food allergies Y N List _____

Emergency contact person _____

Relationship to student _____

Primary Phone _____

Siblings attending VBS _____

Attends church at _____

Brought by _____

How did you hear about us? _____

What do you expect your child to learn at VBS? _____

Would you like more information about Our Savior Lutheran Church? Y N

Would you like to be contacted by one of Our Savior's pastors? Y N

My child will attend M TU W TH