



**Shepherd of the Valley Lutheran Church
Preschool Vacation Bible School
Registration Form**

**June 13-16, 9:00-11:30 a.m.
Cost: \$10, plus snack donation**

Child's Name: _____

Child's Age: _____ Birthdate (Month/Year): _____

Buddy Request*- Name: _____

*We do our best to honor these requests, but requests are not always granted.

Address: _____

Home #: _____ Cell #: _____

Email Address: _____

Home Congregation (if any): _____

Emergency Contact: _____

Phone Number(s): _____

Relationship to Child: _____

Person Picking Up this Child: _____

Phone Number(s): _____

Relationship to Child: _____

Please list any allergies the staff should be made aware of:

I would like to volunteer! (Please see attached job descriptions.)

_____ Station Leader _____ Group Tour Guide _____ Prepare Crafts

_____ Station Assistant _____ Sign In/Out Table

I (we) do not hold Shepherd of the Valley Lutheran Church, its staff, or volunteers responsible or liable for any action necessary in the emergency care of my (our) child.

Date: _____ Parent/Guardian Signature: _____

Office Use Only:

Method of payment: _____ Cash _____ Check Snack Donation: _____