

VBS 2019 Registration Form (one form per child)

(Please fill out all forms)

Children age 3 years to upper elementary

June 24 - June 28, 2019

Monday through Friday - 9:00am to Noon

\$55.00 per child (must be paid at time of registration)

Pay by check or online at: <https://tinyurl.com/hxqvto>

Make checks payable to Our Savior's Lutheran Church (memo: VBS 2019)

Today's Date: _____

Child's First Name: _____ Child's Last Name: _____

Child's Preferred Name to be used: _____

Date of Birth: _____ Child's Age: _____

Address: _____

City: _____ State _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Parent e-mail: _____

Mother's First & Last Name: _____

Father's First & Last Name: _____

Does your child have any allergies? _____

Does your child have any medical problems? _____

Does your child have any fears or behavioral problems? _____

Our Savior's Lutheran Church
200 Avenida San Pablo - San Clemente, CA 92672
(949) 492-6164 oslcsec@sbcglobal.net

For office use only
Amt Pd _____ Date Pd _____
Pmt Ck # _____ CC _____ Cash _____
Copies to Bob _____

Photo Consent Form

I, _____ grant to the Church (known as Our Savior’s Lutheran Church) and its representatives and employees the right to take photographs of my child in connection with the VBS Program. I authorize the Church, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Church may use such photographs of my child with or without his/her name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: _____

Date: _____

Consent for Pick up

Child/Children’s name(s) _____

I (parent’s name) _____

give my permission for the following person(s) to pick up my/our child/children from Our Savior’s Lutheran Church VBS program located at:

200 Avenida San Pablo
San Clemente, CA 92672.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____