

VBS 2020 Registration Form (one form per child)

(Please fill out all forms front and back and return to the church office)

Children age 3 years to upper elementary (must be potty trained)

June 15 - June 19, 2020 | Monday through Friday - 9:00am to Noon

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

Payment methods: Check, Cash, Credit/Debit Card:

- Venmo your VBS payment to @OurSaviorsSanClemente and memo: VBS.
- To pay online go to: <https://tinyurl.com/hxqvtos>
- Make checks payable to Our Savior's Lutheran Church (memo: VBS 2020)

Today's Date: _____

Male: _____ Female: _____

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

Child's Preferred Name to be used: _____

Date of Birth: _____ Child's Age: _____ T-Shirt Size: _____

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 _____
Copy to Bob _____	Copy to Joan _____

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: _____