



# Registration Form VBS 2022

**(one form per child)**

June 20 - June 24, 2022

Monday through Friday - 9:00am to Noon

**\$60.00 per child (must be paid at time of registration)**

- ◆ Fill out all forms front and back and return to the church office
- ◆ Children age 3 years (potty trained) to upper elementary.
- ◆ **Payment methods:** Venmo, Check, Cash, Credit/Debit Card:
- ◆ Venmo your payment to @OurSaviorsSanClemente and memo: VBS.
- ◆ Pay online with Credit/Debit Card or Check go to: <https://tinyurl.com/hxqvtos>
- ◆ Make checks payable to Our Savior's Lutheran Church (memo: VBS)

Today's Date: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Child's First & Last Name: \_\_\_\_\_

Child's Preferred Name to be used: \_\_\_\_\_

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

Name of Parent(s)/Gaurdian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent/Caregiver's Cell #: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Allergies, medical conditions, or special needs: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



**Our Savior's Lutheran Church**

**200 Avenida San Pablo**

**San Clemente, CA 92672**

**(949) 492-6164 ✦ [oslsec@sbcglobal.net](mailto:oslsec@sbcglobal.net) ✦ [www.oursaviorsonline.net](http://www.oursaviorsonline.net)**

**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 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:  
Our Savior’s Lutheran Church  
200 Avenida San Pablo  
San Clemente, CA 92672

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Check here \_\_\_\_\_ to receive the church’s monthly newsletter The Messenger.**

For office use only Amt Pd _____ Date Pd _____ Pmt Ck # _____ CC ___ Cash ___ Venmo ___ Copy to Bob _____
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