VBS 2021 Registration Form (one form per child)

June 21 - June 25, 2021 | Monday through Friday - 9:00am to Noon
$60.00 per child (must be paid at time of registration)
(Please 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 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 2021)

Today's Date: _____   Child's Gender: _____

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:_____ Home Church: _____

Mother/Guardian First & Last Name:_____

Father/Guardian First & Last Name: _____

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   oslcsec@sbcglobal.net

For office use only
Amt Pd _____   Date Pd _____
Pmt Ck # _____ CC ____ Cash ____ Venmo ____
Copy 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.

_____

_____

_____

_____

_____

Parent/Guardian Signature:_____

Date:_____