



VBS 2025 Registration Form | June 9 - June 13, 2025
Monday through Friday - 9:00am to Noon
(please complete two page form - one form per child)

Children 3 years of age by June 9 (& potty trained) to upper elementary.

\$75.00 per child (please pay at time of registration)

(Sign-up to volunteer & your children may attend at no cost)

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

- ◆ Please fill out entire form front and back and return to the church office.
- ◆ Venmo your payment to @ OurSaviorsSanClemente (memo: VBS)
- ◆ Pay online by Credit/Debit Card or eCheck at: <https://tinyurl.com/hxqvtos>
- ◆ Make checks payable to Our Savior's Lutheran Church (memo: VBS)



Venmo

Mail to: Our Savior's Lutheran Church • 200 Avenida San Pablo • San Clemente, CA 92672

Today's Date: _____

Child's Gender: _____

Child's First & Last Name: _____

Child's Preferred Name to be used: _____

Child's Age as of June 9: _____ Date of Birth: _____ T-Shirt Size: _____

Name of Parent(s)/Gaurdian(s): _____

Address: _____

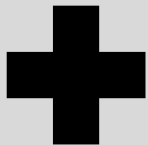
City: _____ State _____ Zip: _____

Phone #: _____ Parent/Guardian's Cell #: _____

Parent e-mail: _____ Home Church: _____

Yes, I _____ would like to volunteer to help during VBS.

Allergies, medical conditions, or special needs: _____



Emergency contact Name: _____

Phone #: _____

Relationship to child: _____

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 via email.

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