



# VACATION BIBLE SCHOOL

June 12<sup>th</sup>-16<sup>th</sup>

9:00 a.m. to 11:45 a.m.

Preschool - 5<sup>th</sup> Grade

## Our Hope Lutheran Church & School

1826 Trinity Dr., PO Box 36, Huntertown, IN

260.637.3625

(Voluntary Donation - \$5 per child or \$10 per family)

### Register me for a Deep Sea Discovery!!

(One per child. More available at: [www.ourhopelutheran.com](http://www.ourhopelutheran.com))

Child's Name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Will be attending on these days: M T W Th F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies: Y\_\_\_ N\_\_\_ List: \_\_\_\_\_

Medical concerns: Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

I would like to help with VBS, please call me, Name: \_\_\_\_\_ # \_\_\_\_\_

People who may pick up your child \_\_\_\_\_

Siblings attending VBS (names & ages) \_\_\_\_\_

VBS leaders have permission to photograph/film the child listed above in any manner or form for any lawful purpose associated with VBS. YES NO

Parent/Guardian Signature \_\_\_\_\_