



**Faith Lutheran Church
Vacation Bible School
June 8 - 12, 2020
9 am - Noon**

Family Registration Form

(4 years through completed 5th grade)

Register Early!

Rates Will Increase After May 15, 2020

On or before May 15 cost is: \$25/child, Max of \$60/family

After May 15 cost is: \$30/child, Max of \$70/family

Family Information

Last Name: _____ Parents' or Guardians' Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Mom's Cell: _____ Dad's Cell: _____

Yes, we have a church home. Church Name: _____

No, we do not have a church home.

We would like more information about Faith.

Disclaimer (Photo and Video Release)

I hereby grant Faith Lutheran Church permission to copyright and use images and videos taken at VBS of any minor(s) designated on the back side of this form in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I understand that there will be no compensation for participating in photo/video shoot.

I DO NOT grant permission as stated above.

Parent or Guardian Signature: _____

List ALL Children to be Registered on Reverse Side

Faustino Munoz | 314.375.1108 | kids@faithstl.org
Find more information about VBS at faithstl.org



Participant Information

Please list ALL CHILDREN to be registered:

Eligibility: Ages 4 years old by June 8, 2020 through completed 5th grade

Available T-shirt sizes: Youth XS, Youth S, Youth M, Youth L, Adult S, Adult M, Adult L

Name	DOB (mm/dd/yy)	Gender (M / F)	Grade Completed	School	T-Shirt Size	Name of Child's Friend*

*** We will make every attempt to place your child(ren) in the same small group as their friend.**

Allergies, Medical Conditions, or Special Needs:

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____