



VBS Registration Form  
1<sup>st</sup> - 5<sup>th</sup> grade children  
June 2 – 5 2015  
8:30 – 11:30 AM

Bethany Lutheran Church  
4300 N. 82<sup>nd</sup> Street  
Scottsdale, Arizona 85251

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_ Parent/caregiver's cell: (\_\_\_\_) \_\_\_\_\_

Home email address : \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name ( for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

I give permission for my child's photo to be taken at VBS.

I do NOT wish for my child's picture(s) to be taken at VBS.

---

*Signature of parent or guardian*

A donation of \$10.00 is requested, but not required. Checks payable to Bethany Lutheran Church.