

**GRACE LUTHERAN CHURCH  
VACATION BIBLE SCHOOL  
JULY 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 2010  
Registration Card**

**Student's Name:**

**Birth Date:**

**Age:**

**School grade completed:**

**Known allergies or other medical concerns:**

**Does your child attend Sunday School?**

**If so, where?**

**Parent's name:**

**Parent's church:**

**Family Address:**

**Home phone:**

**In an emergency, should we contact a parent first?**

**Yes, please contact**  **at**

**No, please contact**  **at**

**Sibling's Name:**  **Age:**

**Sibling's Name:**  **Age:**

**My child would be most comfortable in his/her friend's or sibling's class:**

**Name:**

**Age:**

**IMPORTANT: Please highlight in red (change text colour to red) all the days you plan to have your child attend this year's Grace Lutheran Church Vacation Bible School:**

**Monday   Tuesday   Wednesday   Thursday**

**Should there be any change of plans with regard to attendance, please let the church office know ASAP at 769-5685.**