

Child's Name

## **VBS Registration Form**

## **Vacation Bible School**

July 27 – 31, 2015 9am – 12noon \$25 per child before July 1 / \$30 per child \$75 family max

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Address:						
	Stree		City	State	Zip	
Email:		Phone	#s:			
			Home	è	Cell	
Age:	Gı	rade (completed):	Nick	Nickname (if any):		
Parent(s) Name(	s):					
Who is aut	horized p	ick up your child?				
Emergency Cont	act:	·				
		Name	Relat	ionship	Phone number(s)	
Allergies? Yes	or No	(If Yes, describe on reverse)	Special nee	ds:		
Member of Como Park Lutheran? Yes or No				(Please offer help	ful suggestions on reverse)	
If No, how	did you h	ear about VBS at Como Park Lu	ıtheran?			
Signature of parent/guardian:						
Please make che	cks pay	able to CPLC. Return com	pleted form(s,	) to the CPLC offi	ce or drop in offering plate	
helping with cra	fts and/	elp make VBS a success! 'or service projects, etc.	If you have tii	me & enjoy child	All 5 days	
I would like to he	elp with	:			Sorry, not this yea Specific days	



## Vacation Bible School July 27 – 31, 2015

Daily from 9am-12noon

You are also invited to join us on Saturday morning, August 1<sup>st</sup> for a community walk / run & Ice cream social 9-11am

I volunteered to help with:

We thank you for your help!

Come experience God at



## **Como Park Lutheran Church**

1376 Hoyt Ave W, St. Paul, MN 55108

Questions? Call 651-646-7127

Email: dan@comoparklutheran.org

\*Please KEEP THIS SIDE as a Reminder