



Christ Lutheran Church Vacation Bible School

June 24 - 27
9:00 a.m. to 12:00 p.m.
(4 yrs - 5th grade)
\$40 per child

Camper's Name _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of birth _____ Age _____ Last school grade completed _____

Home Church (if any) _____

Friends of your child at Christ Lutheran Church _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS _____

Photo Release: _____ Christ Lutheran Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature _____
-----**(for church use only)**-----

Assigned to Camper Group: _____

Are family members helping with Camp Firelight? _____ If yes, where? _____