



# REGISTRATION FORM

June 16-20, 2025 - 5:30-7:15pm (Check-in at 5:15pm)

Emmanuel Lutheran Church - New Philadelphia



Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Upcoming school grade this Fall: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_

Please list any allergies (including food allergies) VBS staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency, contact person if parent/guardian cannot be reached:

Name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Throughout VBS, we may take videos or photos of the kids in action. We only share photos and videos of kids whom we have permission from the parents/guardians to do.

Please initial if you give consent for your child to be photographed and recorded. \_\_\_\_\_

We are so excited to have your child at VBS! Is anything you would like to us to know so we can make sure they have the best week possible?

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

