



CALVARY LUTHERAN CHURCH

VACATION BIBLE SCHOOL REGISTRATION FORM

AUGUST 2 –AUGUST 6, 2010 9:00 a.m – 11:45 a.m.



Classes are available for children ages 3 (as of September 1, 2010) to those entering 6th grade in Fall 2010. Use extra form for more than three children. Please register friends/guests on a separate sheet. Additional forms are available in the narthex, the church office, or on-line at www.calvarylutheran.org. Return **before Monday, July 19** (Call church office with questions: 262-242-4710). See church address at bottom of page.

Mother/Father names _____ Daytime phone # _____
 Address _____ Alternate phone # _____
 City, State, ZIP _____ e-mail address _____
 Home church _____ **Emergency contact DURING VBS** (if different than above): Name _____ phone# _____ relation to child _____



Child #1

Full Name _____ **Nametag** _____ Male Female
Child's Age on September 1, 2010 _____ **Birth date** ____/____/____
*Circle the number that represents the child's **grade** for the **upcoming** 2010-2011 school year:*
School Grade (circle one): **3K 4K 5K 1 2 3 4 5 6**
Medical concerns, food allergies or special needs: _____



Child #2

Full Name _____ **Nametag** _____ Male Female
Child's Age on September 1, 2010 _____ **Birth date** ____/____/____
*Circle the number that represents the child's **grade** for the **upcoming** 2010-2011 school year:*
School Grade (circle one): **3K 4K 5K 1 2 3 4 5 6**
Medical concerns, food allergies or special needs: _____



Child #3

Full Name _____ **Nametag** _____ Male Female
Child's Age on September 1, 2010 _____ **Birth date** ____/____/____
*Circle the number that represents the child's **grade** for the **upcoming** 2010-2011 school year:*
School Grade (circle one): **3K 4K 5K 1 2 3 4 5 6**
Medical concerns, food allergies or special needs: _____

Please use back side if more space is needed to clarify medical concerns or special needs.

Return form to: Calvary Lutheran Church, 247 S. Main Street, Thiensville, WI 53092