

Vacation Bible School Registration Form Aug 9th – Aug 13th, 9 AM to 12:00 PM

St Peter's Lutheran Church

4897 Old Oneida Road

Verona, NY 13478

363-5211

Child's Name(s): _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Child's age(s): _____ Last school grade(s) completed: _____

Home congregation (if any): _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) or special needs the VBS staff should be aware of:

Person(s) responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Please circle one.

My child's/children's pictures may be used on St Peter's Web Site/Facebook: YES NO

I understand that my child will be required to wear a mask when inside the church building.

Signature of parent/guardian: _____