

First Lutheran VBS Sign-Up Sheet

Name of Child: _____ **Age:** _____

Grade entering in fall '11: _____ **Gender:** **M** **F**

Parent/Guardians Name: _____

Emergency Contact # _____

Mailing Address _____

Does the child have any allergies? Are they severe enough to require medication?

Are there any children that this child should or should not be grouped with?

Do you plan to attend the whole week? If not what days will you miss?

I am aware that my child will be participating in a number of physical and mental exercises during the day, and that being the case any child is subject to possible scrapes bruises, and the occasional uncontrollable need to laugh. I hereby give my permission for this child to have as much fun as possible.

Signature _____

**Questions or concerns? Please call the First Lutheran office at
372-1256.**