



Community
Lutheran Church



Complete and mail to the address below by Nov 27, 2023

(Please Print)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Additional Family Members _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Preferred Contact Method _____

Home Church (if any) _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the beginning and end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

Photo Release: _____ Community 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 Signature _____ Date _____

Community Lutheran Church-VBS • 30897 Omar Road • Frankford, DE • 302-470-0379