



# 2016 Vacation Bible School Registration Form

Holy Cross Lutheran Church  
 (708) 597-5209  
 4041 W. 120th St.  
 Alsip, IL 60803  
 July 17-21, 2016  
 5:45 - 8:30 PM  
 "Cave Quest"

## Parents' Information

Parents Name:

Address (Street):

Address (City, State, Zip):

Home Phone:  Cell Phone:

Email:  Family Church:

## Childrens' Information

Child 1 Name:  Birthdate:  Grade in Fall:

Child 2 Name:   Grade in Fall:

Grade in Fall:

Special Needs (Allergies of all kinds):

**AUTHORIZED ADULTS** to pick up your child(ren) from VBS.  
**WHEN PICKING UP CHILD(REN) PLEASE BE PREPARED to show identification.**

Name:  Phone:

Name2:  Phone2:

Phone3:

## EMERGENCY CONTACT

Relationship:  Phone:

How did you find out about our VBS?

### Photography Waiver

I give permission for my children to be photographed by a staff member of Holy Cross and the pictures may be used for church and VBS publicity and may be posted on the church website. Childrens' names won't be used.

### **NOTE:**

**A PARENT OR LEGAL GUARDIAN MUST BE PRESENT TO SIGN THIS PRE-REGISTRATION FORM ON THE FIRST DAY OF VACATION BIBLE SCHOOL.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature