



**2017 VACATION BIBLE SCHOOL REGISTRATION FORM
(ONE FORM PER CHILD PLEASE)
ST. PETER'S LUTHERAN CHURCH
43W301 PLANK ROAD
HAMPSHIRE, IL 60140
PHONE 847 464-5721 FAX 847 608-8438
JUNE 26-29 9:00 TO 11:45
AGES 4 THROUGH 6TH GRADE**

Please send or fax your registration form to the church by June 19th

Student First and Last Name _____

Date of Birth _____ Age _____

Gender Male Female

Grade entering _____

Home Church (if applicable) _____

Allergies _____

Medical issues or special needs _____

Parent(s) _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact _____ Phone # _____

Emergency contact's relationship with child _____

Registration fee is \$10.00 per child. Please make checks payable to St. Peter's

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Parent Signature