

Please return completed forms to the Church Office, or mail attn: VBS  
**Vacation Bible School** **Registration Form**

St. John's Lutheran Church of Sweet Air  
3911 Sweet Air Road, Phoenix, MD 21131  
410-592-6565 www.stjohnssweetair.org

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Age Information**

Date of birth \_\_\_\_\_ Age as of July 24<sup>th</sup> \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

Name(s) of person(s) who may pick up this child from VBS each day

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Group Assignment Concerns**

Some of our youngest students may not be familiar with or at ease in a school setting. Please name other children who will attend Bible School with whom your child is comfortable.