



2010 Vacation Bible School

Registration Form

(708) 597-5209

Holy Cross Lutheran Church

4041 W. 120th St.
Alsip, IL 60803

July 18-22, 2010
5:45 - 8:30 PM
"Planet Zoom"

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:		Birthdate:		Grade in Fall:	
Child 3 Name:		Birthdate:		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:	
Name3:		Phone3:	

EMERGENCY CONTACT

Name:		Relationship:		Phone:	
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How did you find out about our VBS?

Would you like to purchase a T-shirt transfer? Please plan on purchasing at registration.

(\$1.30) T-Shirt transfer of 2010 VBS

NOTE:

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

Parent or Guardian Signature: _____