



God's Great Get Together
Vacation Bible School 2010

August 2-5, 2010
Vinje and Calvary
5:15 – 8:15pm

5:15 Family Meals
Vinje Lutheran Church

Ages 3 years – 6th Grade
(Child must have been 3 by Sept. 1, 2009)

Child's name: _____

Nickname/preferred name to be called: _____

Parent/Guardian name: _____

Address: _____

Home telephone: _____ Cell phone: _____ Home email address: _____

Child's age: _____ Date of birth: _____ Gender: M F

Last school grade completed: _____ Siblings: _____ Home faith community (if any): _____

In case of emergency (when the parent/guardian cannot be reached), please contact: _____

Telephone: _____ Relationship to child: _____

Please list any allergies/medical needs the VBS staff should be aware of: _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____ Telephone number: _____

Tell us anything special you'd like us to know about your child (use back side if you'd like): _____

ONE friend my child would like to be with: _____

Special needs/circumstances: _____

Signature of parent/guardian: _____

Yes, I will be attending the family meals. Number: Adults Children No, we will not be attending family meals.

Please indicate if you would like to volunteer: Name: _____

Site Guide Assistant/Station helper: Games Snacks Crafts Story telling

Registrar Provide supplies Decorate Publicity Mission project

Group shepherd (age/grade): _____ Photography Nursery Monetary donations

Other: _____

Days available: _____

Will you need childcare in order to help? Yes No Age of children _____

Registration Form