



VACATION BIBLE SCHOOL JULY 26-30, 2010

Holy Cross Lutheran Church
13014 Olive Blvd.
Creve Coeur, MO 63141
Phone: 314-434-0546
Website: holycrosselca.com

REGISTRATION FORM FOR CHILDREN

Please complete this form, by July 1, and return to "Completed Registration Forms" on the bulletin board by the Fellowship Hall or mail to the church along with your registration fee of \$10.00 per child (3 or more siblings only \$25.00) payable to Holy Cross Lutheran Church. Please use a separate form for each child.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell phone: _____

Email address: _____

Child's Age: _____ Date of Birth: _____ Gender: M F

Child's Height: _____ Weight: _____ Hair: _____ Eyes: _____

Last school grade completed: _____

Siblings attending VBS: _____

Home faith community (if any): _____

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

Name: _____

Telephone: _____

Relationship to child: _____

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

Name: _____ Telephone Number: _____

Allergies or Medical Concerns: _____

Special needs and/or circumstances you'd like us to know about your child (use back side if needed):

This will/will not be my child's first large-group experience.

One friend my child would like to be with: _____

Physician's Name and Phone _____

Signature of parent/guardian: _____