



Community Lutheran Church
2018 VBS Registration Form

Monday, June 18-Friday, June 22 • 9 am – 12 noon
Ages 3 years old (as of January 1, 2018) through rising 5th Grade
Only one form per family needed • Early Registration pricing thru Memorial Day-May 28th

Child's Name _____ Date of Birth _____ M ___/F ___

Age of child _____ Grade Fall '18 _____ Shirt Size: XS (2-4) ___ S (6-8) ___ M(10-12) ___ L (14-16) _____

If possible, please place the following friend or sibling in the same crew: _____

Child's Name _____ Date of Birth _____ M ___/F ___

Age of child _____ Grade Fall '18 _____ -Shirt Size: XS (2-4) ___ S (6-8) ___ M(10-12) ___ L (14-16) _____

If possible, please place the following friend or sibling in the same crew: _____

Child's Name _____ Date of Birth _____ M ___/F ___

Age of child _____ Grade Fall '18 _____ -Shirt Size: XS (2-4) ___ S (6-8) ___ M(10-12) ___ L(14-16) _____

If possible, please place the following friend or sibling in the same crew: _____

Parent or Legal Guardian Name _____

Address: _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

I can VOLUNTEER during VBS week: YES ___ / NO ___
(If YES – please fill out the VOLUNTEER FORM!)

FEES (includes t-shirt and snacks):
Registration through May 28-----1 child=\$45; 2 children=\$90; 3 children=\$125; 4 children=\$160
Registration after May 28, 2018----- \$50 per child (If space is available)
Music CD: Bring home all the Shipwrecked songs for \$5 more (Available for pickup at VBS)
Please make checks payable to Community Lutheran Church and write "VBS" in the memo line of check. Or pay by credit card/bank draft at CommunityLutheran.org (bottom of page) "Give to CLC" button-choose VBS

Medical Information:

Insurance Company _____ Policy Number _____

Name of Primary Care Physician: _____

Primary Care Physician Address & Phone Number _____

Child #1 Name: _____ Allergies or Medical Conditions? YES ___ NO ___

If Yes, please specify: _____

Child #2 Name: _____ Allergies or Medical Conditions? YES ___ NO ___

If Yes, please specify: _____

Child #3 Name: _____ Allergies or Medical Conditions? YES ___ NO ___

If Yes, please specify: _____

Emergency Contact: (*different* from parents/guardian listed on page 1):

Name: _____

Phone Number _____ Alternate Phone Number _____

Relationship: _____

Medical Release: In the event of an emergency, the VBS staff at Community Lutheran Church has my permission to seek medical treatment for my child(ren) _____, by the rescue squad and/or be transferred to the nearest medical facility if needed. Every effort will be made to contact the parents or emergency contact in such an emergency.

Parent/Guardian Signature _____ Date _____

****Note:** This medical release is effective as long as my child is enrolled in VBS at Community Lutheran Church.

****Note:** It is likely that your child’s picture will be taken and posted within the church during and after the week of VBS.

Mail to: Community Lutheran Church
Attn: VBS Registrar
21014 Whitfield Place
Sterling, VA 20165
Email to: Registrar Sara Nail at jsnail@verizon.net
Drop off: at the VBS Display in the narthex*

Questions? Please contact:
Registrar: Sara Nail (jsnail@verizon.net)
Director: Becca Shelor (becca.shelor@gmail.com)