



Community Lutheran Church
2017 VBS Registration Form

Monday, June 19-Friday, June 23 • 9 am – 12 noon
Ages 3 years old to Rising 5th Grade (Must be 3 by January 1, 2017)
Only one form per family needed • Early Registration pricing thru Memorial Day-May 29th

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

Age of child _____ Grade Fall '17 _____ 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 '17 _____ -Shirt Size: Small (6-8) ___ Med(10-12) ___ Large (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 '17 _____ -Shirt Size: Small (6-8) ___ Med(10-12) ___ Large (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):

Early Registration (April 1-May 29)-----1 child=\$40; 2 children=\$80; 3 children=\$110; 4 children=\$140

Registration after May 29, 2017----- \$45 per child (If space is available)

Music CD: Bring home all the Maker Fun Factory 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 securely by credit card at CommunityLutheran.org/Donate Now button – choose VBS from list

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)
Co-Directors: Becca Shelor (becca.shelor@gmail.com)
Laura Sagen (laurasagen@comcast.net)