

VBS 2017 Registration Form

Dates: June 19 - 23 Time: 9:00am - Noon Fee: Free

Where: St. Matthew Lutheran Church, Walled Lake

Ages: 3 yrs old (by June 1 and potty trained) - 5th grade (completed)

Please return this form to the church office at either campus.

Pre-registration ends June 9th.

After June 9th, we will do our best to accommodate registrations. Email completed form to lisa.rohman@st-matthew.org, fax to 248-624-0685, or bring completed form to the church office.

Walk in registrations will be accepted Monday, June 19th, at the Hub registration table, on a first come, first served basis. However, if possible, please return your form prior to June 19th.

Child's First Name:	Last Name:		
Birth date:	Gender: M F Last Grade C	ompleted:	
Parent's Name:			
Address:	City:	St:	Zip:
Main Phone Number:	Alternate Phone Nu	ımber:	
Email address:			
Friend your child would like to be p	olaced with:		
The registrant has my permission to partion the registrant may be photographed for perfect the registrant may be provided in	cipate in St. Matthew VBS 2016. I understand t rint, video or electronic imaging.	hat when pai	ticipating in VBS activities
Signature of Parent/Guardian	Date		
Is there any special medical concerns tha	at you would like to share with us that would ass	ist us in mak	ing this experience a great
one (i.e. daily medications, health concer	ns, allergies, Autism, Sensory)?		
EMERGENCY CONTACT:			
Name:			Office Use Only
Phone Number:		Cre	w:
Relationship:		Med	I Consent:
St. Matthew Lutheran Church, 200	40 S. Commerce Poad, Walled Lake, MI 48300	Spe	c Needs: