



**Registration Form
Vacation Bible School
August 1-5, 2011
9 am-12 noon**



**St. Luke's Lutheran Church
PO Box 5504
17740 Muncaster Road
Derwood, MD 20855**

Name	Age	Date of Birth	Grade in Fall	T-Shirt Size (circle one)
				S M L Adult-S
				S M L Adult-S
				S M L Adult-S
				S M L Adult-S

Allergies or Medical Conditions? _____

Name of Parent/Guardian: _____

Address: _____

Home Phone #: _____ Email Addr: _____

Emergency Contact Information: Name: _____ Phone #: _____
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Release:

I, _____, give permission to St. Luke's Evangelical Lutheran Church to administer first aid and/or obtain emergency medical care for the child(ren) named above. I also give my permission for St. Luke's to photograph the above named child(ren) during VBS for possible use with nametags, craft projects, worship slides and/or St. Luke's web site. Last names will not appear with photos

Signature of parent/guardian

Date: _____

Registration fee is \$30 per child or \$60 per family. Please make checks payable to St. Luke's Lutheran Church with VBS on the memo line. Spaces are limited and available on a first come basis. (Limited scholarships available. Contact church office at 301-926-1220.)