



**Our Saviour Lutheran Church**

**121 Park Avenue**

**Cresskill, New Jersey 07626**

201-568-8330

oscresskill@aol.com

www.oursaviourlc.org

**Vacation Bible School 2006 Registration**

**July 31<sup>st</sup>- Aug 3rd 9:00 a.m. – 12:00 noon**

*Ages 4 – 4<sup>th</sup> grade.*

*Cost is FREE*

1. Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Pager/Cell phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Names of other adults authorized to pick up this child:

\_\_\_\_\_  
I understand that only myself or another adult authorized by me may pick up my child(ren) from VBS.

**Parent or Guardian signature** \_\_\_\_\_

**Medical Information**

Allergies (please include food allergies, bee stings, etc.): \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency and I cannot be reached, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**VACATION BIBLE SCHOOL 2006 PERMISSION AND RELEASE FORM**

I, the undersigned parent or guardian of \_\_\_\_\_  
give my permission for participation in the 2006 Vacation Bible School activities of Our Saviour Lutheran Church. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as agents for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems.

**Signature of**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_