



Registration Form (one per child – ages 3-11)

Child's Name _____

Child's Age: ___ Date of birth: _____ Last school grade completed: ___

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: (____) _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church (if applicable): _____

Do you plan to attend the picnic the first night of VBS, Sun June 27th at 5:15pm?

Yes ___ No ___ If yes, please indicate the # of individuals _____

Are you willing to help during the week of VBS? Yes ___ No ___

Completed forms can be mailed to

Trinity Lutheran Church

64 S. Main Street

Boonsboro, MD 21713

Or dropped off at the church office 301-432-2226