



# 2023 VBS Registration Form

July 24-28, 2023

9:00am-12:00pm

PARENT(S) OR GUARDIAN

PHONE

HOME ADDRESS

ZIP

EMAIL

Child's first and last name

Child's first and last name

Child's first and last name

Birthdate: / /

Birthdate: / /

Birthdate: / /

Age Grade Fall 2023

Age Grade Fall 2023

Age Grade Fall 2023

List any OTC or prescription medications:

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Please list any allergies, dietary restrictions or medical conditions:

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Camp Buddy (only one)

You will be guaranteed your buddy if they also request you AND they register by July 20.

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Please return this form to:  
Nativity Lutheran Church  
60850 Brosterhous Rd.  
Bend, OR 97702  
541-388-0765

Church Home\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Day Phone\_\_\_\_\_

Physician\_\_\_\_\_Phone\_\_\_\_\_

Insurance Company\_\_\_\_\_Policy #\_\_\_\_\_

I give permission for my child(ren) to participate in the Nativity Lutheran Vacation Bible School and for my child(ren) to be treated with minor first aid by chaperones. I give my consent for any emergency hospitalization and/or surgical or medical procedures deemed necessary by emergency physicians. Additionally, I give permission for photos of my child(ren) to be displayed at church or on the church's website.

Parent's signature\_\_\_\_\_