



2024 VBS Registration Form

July 8-12, 2024

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 2024

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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 1st.

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Please continue to the next page

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_____

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

or email to:
office@nativityinbend.com