

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: / /

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List any OTC or
prescription medications:

List any OTC or
prescription medications:

List any OTC or
prescription medications:

Please list any allergies,
dietary restrictions or
medical conditions:

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dietary restrictions or
medical conditions:

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dietary restrictions or
medical conditions:

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_____