

**Jesus of Nazareth**  
Where Jesus was a kid  
**VBS 2011 Registration Form**  
August 7-10 — 5-7:30 p.m.

Attendance is open to all children from age three through fifth grade. Please fill out a separate form for each child and mail or bring registration forms **by Sunday July 31 to:** the Lutheran Church of the Good Shepherd, 1120 Cedar Street, Eau Claire WI 54703. Registration is open through Sunday, **August 7**, but we would appreciate the forms by the due date so meals can be planned. Questions? Call 715-834-2959. Suggested donation is \$10 per child or \$25 per family, which covers all materials and a meal each day. VBS at Good Shepherd is open enrollment to all who qualify according to age guidelines.

**STUDENT INFORMATION**

Child's Name \_\_\_\_\_

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

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

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Grade Completed (*Circle one*)

**Pre-K K 1 2 3 4 5**

Father's Name \_\_\_\_\_

Work/Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work/Cell Phone Number \_\_\_\_\_

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

Emergency Name and Number (*Other than parents*) \_\_\_\_\_

Member of  Good Shepherd

Interested in Membership

Other

**Medical Release:**

I (We) understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at Good Shepherd to secure service of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well being.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Information:** (*Allergies, medications, special needs*)

**Parent Involvement:** People are needed to work in the craft tent and help in the kitchen. If you are able to help, please give us your name and area of interest.

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_