



Vacation Bible School Registration



Bethlehem Lutheran Ministries
27265 Luther Drive, Santa Clarita 252-0622
www.followthestar.com

July 13 - July 17, 2009
9:00 a.m. – Noon

Parents Names _____

Address _____

City _____ Zip _____ E-mail _____

Phone _____ Work _____ Cell _____

Emergency Contact Person _____

Phone _____ Cell _____

Children to be enrolled (age 4 – 7th Grade)

Name	Age	Grade in Fall 2009	Youth T-Shirt Size	
			Youth	Adult
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Youth T-Shirt Size
XS (4-5), S (6-7), M (8)
L (10-12), XL (14-16)
(Adult sizes: S, M, L, XL)

Please list any medical or health condition we should be aware of for each child enrolled.



Church affiliation _____ Church membership at _____

Video and Photo release: I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program and Bethlehem Lutheran Ministries.

Signature of Parent or Guardian _____

\$30.00 Per Child

Amount Paid _____

Cash/Check# _____

Date Paid _____