



# Registration Form

(one form per family)

August 5-9, 9:00 a.m. to noon

Cost: \$10/child; \$25/family

Checks made out to Temple Lutheran Church



Name	Birthdate / Age	Pronouns

Parents names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

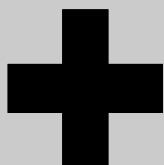
Will parents be helping in any other areas of VBS?: \_\_\_\_\_

If so, days available: Mon Tues Weds Thurs Fri Sun \_\_\_\_\_

Home church: \_\_\_\_\_

If possible, \_\_\_\_\_ would like to be with (other friends) \_\_\_\_\_

In case of emergency, contact Name	Relationship	Phone number



Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Photo Release Form**

Temple Lutheran Church  
501 Brookline Blvd  
Havertown, PA 19083

Permission to Use Photograph

Event: Vacation Bible School

Location: Temple Lutheran Church

I grant to Temple Lutheran Church, the right to take photographs of my child / children in connection with the above-identified event. I authorize Temple Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Temple Lutheran Church may use such photographs of my family with or without our name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Child/Children's names \_\_\_\_\_

\_\_\_\_\_