



Confidential Form

JUNE 15th-18th, 2009

Preschool/Kindergarten: 9:15-11:45AM or 6:15-8:30PM

Grades 1 through 6: 9:30AM-12:00PM or 6:15-8:30PM

Atonement Lutheran Church & Church of Saint Peter

REGISTRATION FORM

PLEASE FILL OUT ONE FORM PER STUDENT. ADDITIONAL FORMS ARE AVAILABLE AT EITHER CHURCH OFFICE.

(Registration is free to all until May 31, 2009 after which a \$5 fee will be assessed.)

Student's Name: _____

Nickname/Preferred Name: _____

Parent(s)/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

2008-2009 School Grade: _____ ♦ Preschool Students Indicate Date of Birth (must be 3 by 09/01/08) : ___/___/___

Gender: M F

Please select the session your child will be attending:

Morning (Preschool/Kindergarten at Saint Peter's) Morning (Grades 1-6 at Atonement) Evening (at Atonement)

Home Faith Community (if any): _____

In case of emergency (when a parent/guardian cannot be reached), please contact:

Name: _____

Telephone: _____

Relationship to Student: _____

In case of an emergency, would you consent to our obtaining any medical attention we feel is necessary? Yes No

Signature of Parent/Guardian: _____

Would you like to volunteer? Yes No

Please list any allergies/medical needs the VBS staff should be aware of:

Tell us anything special that you'd like us to know about your child (use back side, too, if necessary):

Please list any special challenges (physical, learning, behavioral, etc.).

_____ support your child? Yes No

◆ May we contact you for more information so that we can better

For office use only:
CD received (1/family)