Chapel of the Lakes Lutheran Church

231-972-7891 www.cllconline.com cllc@centurytel.net

Saddle Ridge Ranch VBS Registration 2010

Child's Name: _____ Male ☐ Female ☐
First Middle Last

Birth Date: _____ Child's Grade in School, Fall 2010: _____
M / D / Y

Parents' Names: _____

Child's Home Address: _____
Street PO Box City State Zip

Home Phone: _____ Phone(s) Where Parent(s) Can Be Reached During VBS: _____

Family's Church Affiliation: _____

Names & Grades of Siblings Enrolled in VBS: _____

Will your child/children need transportation to and from VBS? Yes ☐ No ☐

Emergency Contact Person(s) _____

Relationship to Child; _____ Phone: _____

Person(s) Authorized to Drop off and Pick up Child and Their Phone Numbers: _____

_____

On Friday, there will be a short hayride at the church provided by Outback Stables, so it is especially important that you let us know if your child is allergic to hay or animals.

Allergies to Food and Medications: _____

Medical Conditions of Which Staff Should Be Aware: _____

Child's Doctor: _____ City: _____ Phone: _____

My child listed above has my permission to attend Chapel of the Lakes Lutheran Church Vacation Bible School and to have his/her picture taken to use for VBS promotion.

Parent/Guardian Signature:_____ Date: _____