



Sheridan Lutheran Church
 Vacation Bible School Registration Form
 June 23 – 27
 9:00 a.m. to noon

Child's Name _____ Age _____
 Grade (in the Fall) _____
 Child's Name _____ Age _____
 Grade (in the Fall) _____
 Child's Name _____ Age _____
 Grade (in the Fall) _____
 If preschooler, date of birth _____

Child must be 4 by October 15, 2008, unless parent is helping with VBS.

Street Address _____
 City _____ Zip _____
 Parents' names _____
 Home telephone _____ Home e-mail _____
 Parent's emergency # Cell _____ Work _____
 Allergies or other medical conditions: _____
 Home church _____
 People who have permission to pick my child(ren) up from VBS: _____

_____ Parent is willing to help with VBS
 _____ Child(ren) needs transportation
 _____ Parents are willing to provide transportation for others

Registration fee is \$25.00 per child until June 15.
After June 15 fee is \$30.00 per child.
\$50.00 family limit is available until June 15 only.
Scholarships are available upon request.

We are blessed and able to provide for the scholarship program in the amount of \$_____

I am requesting a scholarship_____

Payment enclosed: Cash _____ Check # _____
Date of registration _____