



**VBS**  
**June 19 – 23, 2017**  
**9:00 am – 11:30 am**

**Return to:**  
Holy Trinity Lutheran Church  
1 N Marigold Dr.  
Covington, LA 70433  
**Phone: (985) 892-6146**

Please send in your registration by June 5<sup>th</sup>, 2017.

Open to all children entering grades Kindergarten – 6<sup>th</sup> Grade in Fall 2017

**Registration Fee \$10.00 per child not to exceed \$20.00 per family.**  
**Please fill out one form per child.**

Student's Name \_\_\_\_\_

Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

T-shirt Size (Circle One) Youth Size: YXS YS YM YL or Adult Size: S M L XL

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Food allergies or other Medical issues \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Siblings attending VBS \_\_\_\_\_

Church membership at \_\_\_\_\_

Authorized Person(s) to pick-up child \_\_\_\_\_

**Consent to Photograph**

By signing below, I hereby authorize and give full consent to Holy Trinity Lutheran Church to copyright or publish all photographs, videotapes, and films in which the student appears while enrolled as a participant in VBS. I further agree that Holy Trinity Lutheran Church may use these photographs and/or videotapes for public displays, publications, and advertising purposes without limitations or reservations.

Parent/Guardian Signature \_\_\_\_\_

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Office Staff:

Paid: \_\_\_\_\_ Date: \_\_\_\_\_

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