

The Apostle's Creed

Vacation Bible School Registration Form

June 22-26, 2009



Please return completed forms to Our Savior Lutheran School,
1916 Ridgewood Ave. SE, Grand Rapids, MI 49506

Child's Name: _____

Age: _____ Birthday _____

Grade in the fall: _____

Allergies or Medical Conditions _____

Child's Name: _____

Age: _____ Birthday _____

Grade in the fall: _____

Allergies or Medical Conditions _____

Child's Name: _____

Age: _____ Birthday _____

Grade in the fall: _____

Allergies or Medical Conditions _____

↓ ↓ ↓ **This section MUST be filled out completely** ↓ ↓ ↓

Parent's Names _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____

(in addition to parents, please!)

Emergency Phone: _____