



Faith Lutheran Vacation Bible School

July 26th through July 30th

9:30 am - 11:30 am

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Home E-mail Address (optional): _____

Home Congregation (if not Faith Lutheran): _____

Child's Name	Age	Grade in Fall of 2010	Days Child will be attending VBS	Allergies (including food allergies)	Will child be attending the Methodist church VBS?

Note: The Closing Party will be held on Friday, July 30, at 7:00 pm

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

Name: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Child(ren): _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Home Telephone: _____ Cell Phone: _____

Signature of Parent/Guardian: _____

We have children that would like to attend this program, but cannot due to their parent's work schedule.

Would you be willing to help out a family by driving additional children to and from this program? **YES** **NO**
If you said yes, you grant us permission to give out your name, home phone number and cell phone number

**Space is limited, Return this form to Faith Lutheran Church, 3801 Madison Avenue,
 Brookfield, IL 60513 by Monday, July 12th!**

For Questions, please contact the Faith Lutheran Church Office at (708) 485-0096