



Outdoor VBS – July 21-25, 2025

9:00 AM to 12:00 NOON

Registration Form

(One Per Child)



Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home church: _____



Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Photo Release: I give Kelli Olson (Education Coordinator/Oak Grove Lutheran Church permission to post photos in/on the church's website, the church's Facebook page, the *Messenger* newsletter, and the Oak Grove bulletin boards.

Initials _____