



Vacation Bible School 2024

(Mon.-Fri., August 5th-9th 9:00 a.m.-noon)

Registration Form (Must be 3 years old by 9/1/23)

Child's Name: _____ Age: _____ Last School Grade Completed: _____ Date of Birth _____

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Street address: _____ City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Cell phone: (____) _____ Home e-mail address: _____

Mother: _____ Phone:(____) _____ Father: _____ Phone:(____) _____

Other: _____ Relationship to Child/Children _____ Phone:(____) _____

Name of anyone we **SHOULD NOT** send your child home with: _____

In case of emergency, contact (name and phone): _____

Allergies or other medical conditions: _____

Home church (if any): _____

VBS will be held at **First Lutheran Church**
2100 Riverview Dr., Little Falls MN 56345 (320) 632-6667 www.flclittlefalls.org