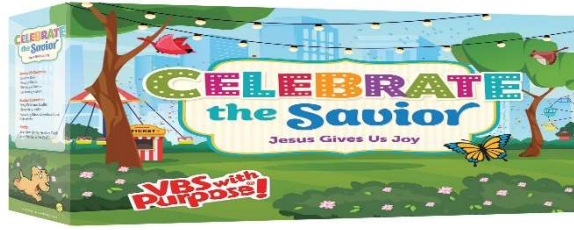


# Vacation Bible School 2024



## STUDENT REGISTRATION FORM

Luther Memorial Lutheran Church & Preschool

818 Tinton Avenue, Tinton Falls NJ 07724 Phone: 732-542-2727

EMAIL : officeLmc818@gmail.com FAX : 732-542-6087

Visit us on Facebook at LMCNJ

Dates: July 29<sup>th</sup> – August 2<sup>nd</sup>, 2024, 9am to 12 Noon  
(Day Camp for children aged 3yrs. to 6<sup>th</sup> Grade)

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed in June: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed in June: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed in June: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: (HOME): \_\_\_\_\_ (Cell): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT PERSON & PHONE #: \_\_\_\_\_

ALLERGIES (IF ANY) PLEASE LIST NAME AND CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE INFORMATION ABOUT OUR SCHOOL: \_\_\_\_\_yes

I GIVE MY PERMISSION FOR THE CHILDREN LISTED ABOVE TO PARTICIPATE IN THE VACATION BIBLE SCHOOL PROGRAM AT LUTHER MEMORIAL CHURCH FOR THE ABOVE LISTED DATES. I GIVE MY PERMISSION FOR ANY PHOTOS TAKEN OF PARTICIPANTS DURING THESE EVENTS TO BE USED BY LMC FOR PROGRAM PROMOTIONAL PURPOSES.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

WE WILL DONATE \_\_\_\_\_ WATER \_\_\_\_\_ PAPER TOWELS \_\_\_\_\_ SCHOOL SUPPLIES