

Participant Registration Form

River of Life – 2008 Vacation Bible School
Mount Olive Lutheran Church

Child Information:

Age: _____ 08-09
Grade: _____

Last Name First Name Nickname

Street City Zip Code Phone

Date of Birth Is this child baptized? Y N If yes, date of Baptism

Parent Information:

Last Name First Name Email

Street Address (if different from above) City Zip Code Daytime Phone

Home Congregation (Name, City)

Emergency Contact Phone Number Relationship to Child

_____ My child has medical and/or dietary needs the VBS staff should be aware of. (Please note them on the back of this form.)

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