



# “Daniel’s Courage in Captivity” 2023 VBS REGISTRATION

\$20 per child \$40 max/family

Peace Lutheran Church

71 Loma Dr Camarillo

(805) 482-3313

Child’s Name \_\_\_\_\_ Gender \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parents’ Names: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

People who will pick up child at 12:00 Noon: \_\_\_\_\_

Food allergies? \_\_\_\_\_ List: \_\_\_\_\_

Medical concerns: \_\_\_\_\_ Explain: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Is your child baptized? \_\_\_\_\_ Would you like information on baptism? \_\_\_\_\_

Other siblings attending? \_\_\_\_\_ Their names: \_\_\_\_\_

VBS leaders have permission to photograph the minors designated above for any lawful purpose associated with this VBS program. Advise if not ok. \* mail-in this form with a check to “Peace Lutheran Church” (address above) or drop it off at the church office.