

Ascension Lutheran Church
Jr High VBS
July 31 & August 1

Name:

Last	First	Middle
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Birth date: _____ Age: _____ Baptism date: _____

School: _____

ADDRESS: _____

Street	City	Zip Code
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PARENTS E-MAIL ADDRESS: _____

Dad's Name: _____ Mom's Name: _____

Home Phone: _____ Dad's Work #: _____

Mom's Work #: _____ Cell Phone #: _____

Other Emergency Name, Phone and Relationship: _____

Do you need help with transportation? : Yes: _____ No: _____

If yes, address? _____

Child's special needs: _____

Food Allergies: _____

To Register: Contact Cyndy Bressler cynbressler@yahoo.com 316.734.1437

Monday July 31: 3 PM until 7 PM (We will provide dinner)
Tuesday August 1: 9 AM until Noon
Event Location: Tyler Campus
Please bring a snack to share each day.
Please complete the medical form that is attached.
Please return your medical form with your Registration.
Cyndy Bressler can notarize your medical form if needed.