

St. Paul Lutheran Church
707 West Dakota Street Hammond, LA 70401
www.stpaulhammond.org 985-345-6008

VACATION BIBLE SCHOOL

Child's / Children's Name: _____

Address: _____

Telephone #: _____ Cell #: _____

Age: _____ Date of Birth: _____ Grade in School Next Year: _____

Parents/Guardian's Name: _____

Address: _____

Church Affiliation: _____

Baptized: Yes: _____ Date: _____ No: _____

In Case of Emergency Contact: _____

Known Allergies: _____

Is there anything in particular that we should know about your child/children? _____

How did you find out about St. Paul Lutheran Church's Vacation Bible School: _____

Email address: _____

Note: This will only be used for St. Paul's future VBS programs & other family oriented activities.

_____ Yes, I give permission for my child's / children's picture to be taken during the VBS and will allow them to be used on St. Paul's Facebook page and/or website provided that their name is not used.

_____ Yes, I give permission for my child's / children's picture to be taken during the VBS program, but they may not be used on St. Paul's Facebook page or website.

_____ No, I do not give permission for my child's / children's picture to be taken.

Parent's/Guardian's Signature: _____ Date: _____