



Holy Cross Lutheran Church
Vacation Bible School
Registration Form
July 29-31, 2025
9:15 - 11:45 AM

Join us for an Unforgettable Journey with Jesus!

Child Participant Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Sex: Male / Female

Parent/Guardian Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Medical Information

- Does this child have any allergies? Yes / No
- If yes, please specify: _____
- Does this child have any medical conditions or special needs? Yes / No
- If yes, please specify: _____
- Is this child taking any medication? Yes / No
- If yes, please list medications: _____

Authorization

- Permission to Participate: I give permission for my child to participate in Vacation Bible School.
- Signature: _____
- Date: _____
- Photo Consent: I give permission for my child's photo to be taken and used for church-related purposes.
- Signature: _____
- Date: _____

Additional Information

- If you have any questions, please contact us at:
Holy Cross Lutheran Church
8900 Sheridan Drive
Clarence, NY 14031
www.holycrossclarence.com
(717) 634-2332
holycrossclarence@gmail.com

Thank you for registering! We look forward to seeing you at Vacation Bible School!

Please return completed form to Tina Wirth, Bob Diem, Pastor Nickel or the Holy Cross Lutheran Church office.