

Monday, July 29 — Friday, August 2
9 AM – 1 pm (snack & light lunch included)
Ages 3 — 10
\$12.00 per child / \$30.00 per family of 3 or more
(registration form is required)

Visit www.unitedinfaith.org or call 773-283-2326

If so, where?

UNITED IN FAITH 2019 VBS REGISTRATION FORM

Please fill out one form per child.

Come join the fun and bring your friends!!!

Please complete both sides of registration form. Turn in payment and registration form(s) to United in Faith Lutheran Church office at 6525 W. Irving Park Rd., Chicago, IL 60634

Student's Name				
Age	Birth Da	te	Last Grade Completed	
Parent/G	uardian Nam	e		
Alternate	e Contact Pers	son		
Home/W	ork/Cell Phor	ıe		
Please Ci	rcle Yes / No	I give permi	ission for my child to be photographed	
throughou	it the week for	educational p	posters and the church website.	
Adults to	whom the child	may be release	ed:	
Adults to	whom the child	may NOT be r	eleased:	
Childs spe	cial needs and o	conditions: sucl	h as allergies, diabetes, etc.	
How did yo	ou learn about U	nited in Faith's	Vacation Bible School?	

Does the student attend church and/or Sunday School?

Children's Ministry Registration & Release Form Sunday School / Vacation Bible School Continued

Medical Release	
"I,	[print name of parent or guardian],
	h Lutheran Church to seek urgent or
emergency medical services for	[print name
- ·	cial liabilities required if care becomes
necessary. I understand that Unite	d in Faith Lutheran church will contact me
before care is needed, but in the e	vent I am unavailable, care will be sought
without my immediate consent."	
Parent / Guardian Signature: Date:	
completed form to United in Faith Lutl participate. Signature and date of signal included with application.	mpleted on both sides of this form. Please return heran Church or your child will not be able to ature is required. Registration fee must be
FOR OFFICIAL USE ONLY Name	
_ ,	Cash