

**CITY-WIDE VBS 2022**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Completed (classes available for 4 year olds/preschool through children exiting 5<sup>th</sup> grade): \_\_\_\_\_

School: \_\_\_\_\_

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

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

Parent(s)/Guardian(s): \_\_\_\_\_

 Check if address is same as above

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: (name, relationship to child, phone number)

Allergies and level of reaction or other medical conditions:

How can we, as a faith family, bless you and your family?

From which church did you hear about City-Wide VBS? \_\_\_\_\_

The following people have permission to pick up my child: \_\_\_\_\_

I hereby (circle one) grant / do not grant permission for City-Wide VBS and participating churches to use my children's pictures for promotional purposes.

I agree that City-Wide VBS staff, volunteers and the host churches will not be held responsible for accidents or personal injury arising there from. The above information is correct and the child described has permission to participate in all VBS activities except as noted on this form.

Parent/Legal Guardian Name (print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

\*signature indicates approval of registration form

**River of Life City-Wide VBS 2022**  
June 13-16, 2022  
free meal 5:30p-6p  
VBS 6p-8p

**Location:**  
First Lutheran Church  
3939 Cheyenne Blvd.  
Sioux City, IA 51104