

Trinity Lutheran Church Vacation Bible School August 2 – 6, 2021 9:00 AM to 12:00 PM Registration Form **(Enrollment Limited)**

Campers: entering first grade in 2021/2022 to entering sixth grade in 2021/2022

Camper Information:

Child #1

Last Name

First Name

Birthdate

Grade in school
(2021-2022)

T-Shirt Size

Allergy & Medical Alerts; Special Needs:

Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?

_____ Yes

_____ No

If Yes, please list below:

Camper Information:

Child #3

Last Name

First Name

Birthdate

Grade in school
(2021-2022)

T-Shirt Size

Allergy & Medical Alerts; Special Needs:

Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?

_____ Yes

_____ No

If Yes, please list below:

Camper Information:

Child #2

Last Name

First Name

Birthdate

Grade in school
(2021-2022)

T-Shirt Size

Allergy & Medical Alerts; Special Needs:

Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?

_____ Yes

_____ No

If Yes, please list below:

Payment information:

_____ Early Bird \$55/child \$100/Family (before July 1)

_____ Regular \$65/child \$120/Family (July 2 – July 16)

_____ Some scholarships are available. If you are interested please email youth@telcsb.org by July 1.

Photo Release:

I understand that during the course of the camp, pictures may be taken to help us remember the events of the week.

_____ I give permission for my child's picture to be used in church publications such as, but not limited to: newsletters, web-site, and brochures.

_____ I do not give permission to use my child's picture.

Signature:

Parent/Guardian:

Signature: _____

Please continue to next page

Family Information:

Parent's or Guardian's Names

Current Mailing Address

City State Zip

Email

Home Phone Work Phone Cell Phone

Please list all persons who are authorized to pick up your child(ren). Children will only be released to authorized persons with photo ID.

Name Phone

Name Phone

Emergency Information:

Please list person to be called if parent or guardian cannot be reached.

Name Relationship

Primary Phone# Alternate Phone #

For more information contact:

(805) 687-1577 or youth@telcsb.org

Return forms to:

Trinity Lutheran Church

909 N La Cumbre Road

Santa Barbara, CA 93110

Or email completed form to: youth@telcsb.org

For Office Use Only: Date received _____ by _____; Payment received _____ by _____