



**2019 VBS Registration Form**  
**July 8-12**  
**9 a.m.-12 p.m.**

\*Cost: \$10 per child  
\*Ages: potty trained 3 year olds to rising 5th graders



300 Pineville Matthews Rd.  
Matthews, NC 28105  
704-847-5967      www.crossandcrown.org

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, NC Zip: \_\_\_\_\_

Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Siblings: \_\_\_\_\_ Are they attending VBS? \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies or Special Medical Needs: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give permission for my child to participate in Vacation Bible School at Cross and Crown Lutheran Church. I will be responsible for delivering and picking up my child unless I send a note giving permission for another person to do this. Group and individual photos may be taken throughout the week. These may appear in church newsletter, website, social media, or other church-specific media. Names will not appear with photos. Your signature below gives the church permission for such use of photos.

\_\_\_\_\_ Parent/Guardian Signature

How did you hear about VBS?      Weekday School at C&C      Website      Friend      Postcard

Please indicate below if you would like to volunteer:	Group Leader	Group Assistant
Is there a particular age or area you wish to help out with?	_____	
Days available:	_____	