

Grace Lutheran Church Youth Registration

STUDENT & PARENT INFO

Student Name _____ Date of Birth _____

Current Grade _____ Grade entering in the fall _____

Student Allergies _____

Parent Name

Phone

Email

Parent Name

Phone

Email

Emergency Contact Name

Phone

* Please contact the church office if your contact info changes throughout the year. Thank You!

* Have you been receiving email notifications about youth activities at Grace this past year?
Please circle one: YES / NO

* Grace Lutheran Church has permission to take photos of my child and use in publications.
Please circle one: YES / NO

3 year old Pre-K - 6th Grade

I would like to register my child for **VBS**
June 17 - 20, 2024: YES / NO

I would like to register my child to attend **BLAST**
in the fall YES / NO

I will help in my child class YES / NO

7th - 12th

My student would like to help with **VBS June**
17 - 20, 2024: YES / NO

Student Phone _____

I would like to register my child to attend
Confirmation in the fall: YES / NO



A \$20 donation is recommended to help with supplies for Youth Education. THANK YOU!

