

**United Church of Christ of Robesonia**  
**St. Daniel's Evangelical Lutheran Church**  
**2023 VBS Registration Form**



Current School Year: \_\_\_\_\_

Child's Name #1: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name #2: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name #3: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name #4: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone ( cell/ work): \_\_\_\_\_  
e-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone ( cell/ work): \_\_\_\_\_  
e-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Emergency Contacts:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any additional persons who may pick up your child/children from church events:  
\_\_\_\_\_

Information that may be helpful for us to know about your child/children:  
\_\_\_\_\_

- ☞ I give UCC of Robesonia & St. Daniel's Lutheran Church permission to have my child/children transported to a healthcare facility and/or to receive emergency medical care (**circle one:** \_ Yes / No).
- ☞ From time to time, pictures are taken at church activities. To help promote youth activities to other youth, parents, the general membership, and our community we are asking your permission to publish pictures of church activities that might include a photograph of your child. I give UCC of Robesonia & St. Daniel's Lutheran Church permission to use photographs of my child/children in church publications (**circle one:** \_ Yes / No).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Hand in this form in person or mail or email the form to:*  
**UCC of Robesonia; 301 West Penn Avenue; Robesonia, PA 19551**  
[office@sprucc.org](mailto:office@sprucc.org) ~ [www.SPRUCC.org](http://www.SPRUCC.org) ~ 610-621-5770