

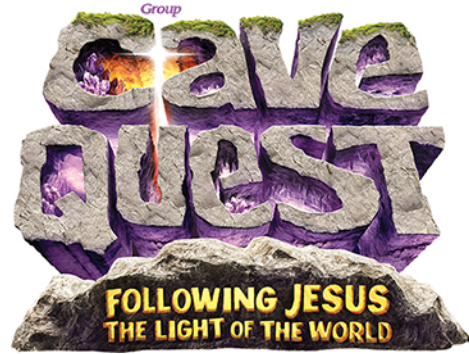


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Linthicum, Maryland 21090-2434  
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The Rev. Dr. Michael R. McQuaid, Senior Pastor  
The Rev. Meheret Y. Caruthers, Associate Pastor

## 2016 VBS Registration Form

Please fill out one form for each child.  
Cost \$10.00/child.



Childs First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ If school age, Last Grade Completed: \_\_\_\_\_

Does your child have any allergies?      Yes      No *(If yes, please list.)*

\_\_\_\_\_

Share with us anything that would be helpful for us to know about your child:

\_\_\_\_\_

Do you grant permission to use pictures, video and audio of your child on the church website, Facebook and other social media?      Yes      No

Are you a St. John Member?      Yes      No \_\_\_\_\_  
*(If no, please list your home church.)*

Parents/Guardians' Name: \_\_\_\_\_

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

Emergency Contact Name/Phone: \_\_\_\_\_