

**Vacation Bible School Registration**  
**July 25 – 29, 2016, 9am - noon**  
**CHRIST OUR SAVIOUR LUTHERAN CHURCH**  
**9 Terrace Drive**  
**Hampton Bays, NY 11946**  
**631-728-3288**

**Student's Name** \_\_\_\_\_

**Parents Name** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Age** \_\_\_\_\_

**LAST School Grade COMPLETED**

\_\_\_\_\_ **Preschool 1** \_\_\_\_\_ **Third Grade**

\_\_\_\_\_ **Preschool 2** \_\_\_\_\_ **Fourth Grade**

\_\_\_\_\_ **Kindergarten** \_\_\_\_\_ **Fifth Grade**

\_\_\_\_\_ **First Grade** \_\_\_\_\_ **Sixth Grade**

\_\_\_\_\_ **Second Grade** \_\_\_\_\_ **Entering Preschool**

**COMPLETE Mailing Address ( Including Town, Zip)**

\_\_\_\_\_

**Local Address (if Different)**

\_\_\_\_\_

**Phone # where you can be reached m-f 9am-12noon**

\_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Food Allergies? Y/N Details:** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**Church where you are a member or attend regularly:**

\_\_\_\_\_

**This form may be mailed by mid-July or brought in person the first day of  
VBS**