

Student's Name	Birth Date	Last Grade Completed
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		

PARENT'S NAME:

CELL OR HOME PHONE:

ADDRESS:

KNOW ALLERGIES OR
MEDICAL CONCERNS:

HOW CAN WE REACH YOU IN
CASE OF AN EMERGENCY
DURING VBS HOURS:

EMAIL ADDRESS (OPTIONAL):

Cost is \$15.00 per child, due upon registration.
Payment by cash or check made payable to Lord of Life.
If you have any questions, please call (810) 227-3113 or
email mylordoflife@sbcglobal.net

Please mail completed registration to:
Lord of Life Lutheran Church
5051 Pleasant Valley Rd.
Brighton MI 48114