



SonRock Kids Camp Registration Form

Child's Name: _____

Parent/ Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Home Email address: _____

Child's Age: _____* Last school grade completed: _____

Home Congregation (if any): _____

In case of emergency (when the parent/ guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) the VBS Staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone Number: _____

Signature of parent/ guardian: _____

Return form to:

Attn: Registrar VBS
Advent Lutheran Church
3660 Kenny Rd.
Columbus, OH 43220

* Preschool class will meet each day and they must be potty-trained.