



VBS 2023

Registration Form

Please fill out a for each child.

Name _____

Date of Birth _____ Completed Grade _____ Age _____

Siblings attending VBS? Please include their names, & ages on the line below.

Parent/Guardian _____

Address: _____

City _____ State ____ Zip _____

Home phone _____ Cell phone _____

Email address _____

Emergency Contact Name & Number during VBS time

Special Need/Allergies /other concerns _____

Who may pick up your child from VBS _____



Salem Lutheran Church
1340 Co. Rd. 5, Longville, MN 56655
Church: 218-363-2011