

**St. John's Lutheran Church Coplay**

**combined with**

**Grace UCC Northampton**

**VACATION BIBLE SCHOOL REGISTRATION FORM**

**"CROSSING THE BRIDGE TO FRIENDSHIP"**

**July 28,29,30,31 and August 1, 2025**

**Student Name**\_\_\_\_\_

**Street Address**\_\_\_\_\_

**City**\_\_\_\_\_

**Age**\_\_\_\_\_ **Birth Date**\_\_\_\_\_

**School Grade Just Completed**\_\_\_\_\_

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

**Phone Number**\_\_\_\_\_

**Cell Number**\_\_\_\_\_

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

**In Case of Emergency, Contact**\_\_\_\_\_

**Allergies or other Medical Conditions**\_\_\_\_\_

\_\_\_\_\_

**Name of Home Church**\_\_\_\_\_

**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of injury. I understand that the VBS staff will contact emergency services in the event of significant injury and all expenses for such emergency services will be paid by me.

**Parent/Guardian Signature**\_\_\_\_\_

**Date**\_\_\_\_\_