

2025 VBS REGISTRATION

Immanuel Lutheran Church – June 10, 11, 12

1700 19th Street, Harlan, Iowa - 712-755-5207

Name: _____

Sex: M / F **Grade completed:** _____

Birth date: _____ **Age (on June 10):** _____

Address: _____

Parent/Guardian: _____

Emergency contact: _____

Emergency phone #: _____

Home Church: _____

Health information, medical conditions, allergies, dietary restrictions,
medications needed:

I give permission for my child to participate in VBS at Immanuel. I understand that every effort will be made to contact me if my child needs emergency medical treatment. If I cannot be contacted, I authorize VBS staff to secure emergency treatment deemed necessary for my child and will take responsibility if costs are incurred.

Parent or guardian signature: _____