



\$20 per child \$40 max/family
Peace Lutheran Church
71 Loma Dr Camarillo
(805) 482-3313

Child's Name _____ Gender _____

DOB: _____ Age: _____ Grade just completed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Alternate phone: _____

Parent Email Address: _____

Parents' Names: _____ Emergency
contact person: _____

Relationship to student: _____ Home phone: _____ Alternate phone: _____

People who will pick up child at 12:00 Noon: _____

Food allergies? _____ List: _____

Medical concerns: _____ Explain: _____

Family doctor: _____

Church affiliation: _____

Is your child baptized? _____ Would you like information on baptism? _____

Other siblings attending? _____ Their names: _____

VBS leaders have permission to photograph the minors designated above for any lawful purpose associated with this VBS program. Advise if not ok. * mail-in this form with a check to "Peace Lutheran" (address above) or drop it off at the church during office hours beginning 5/26/24.