

## Discovery Canyon Registration

Name: \_\_\_\_\_  
 Parent name(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Parent phone number during VBS \_\_\_\_\_  
 Parent email: \_\_\_\_\_  
 Last school grade completed by June 22: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Home church: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_  
 Emergency phone#: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Allergies or other medical conditions: \_\_\_\_\_  
 Name of a special friend your child might like to be with: \_\_\_\_\_

*For volunteers: Morning volunteers receive \$25 off their own kids' registration!*  
 \_\_\_\_\_ would like to volunteer to help with Discovery Canyon Morning VBS.  
 Please contact me at: \_\_\_\_\_  
 I will need sibling childcare: Yes No

*Make checks payable to: "Immanuel Lutheran Church"*  
*Send check and registration form to:*  
 Immanuel Lutheran Church  
 104 Snelling Ave. South  
 St. Paul, MN 55105  
 651-699-5560

Registering for: (check all that apply)	
<input type="checkbox"/> 8-9am pre-care	\$5
<input type="checkbox"/> 9-noon Discovery Canyon VBS	\$25
<input type="checkbox"/> morning VBS parent volunteer	-\$25
<input type="checkbox"/> noon-4pm VBS Extreme	\$100
<input type="checkbox"/> 4-5pm aftercare	\$5
<input type="checkbox"/> extra donation	\$ _____
<b>Total</b>	<b>\$ _____</b>

*Office use only: Amt. Paid \_\_\_\_\_ Date Rec'd \_\_\_\_\_*

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