

# LUTHERAN CHURCH OF OUR SAVIOUR

## *Bible Buddies Program (Grades 3-5)*

### Registration Form

Student  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

Parent's  
Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number  
(H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_

Emergency Contact Phone  
Number(s) \_\_\_\_\_

Food Allergies or Other Health  
Concerns/Conditions \_\_\_\_\_

Additional Comments If Necessary:

Parents  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print out and return the completed form to the envelope on the Christian Formation bulletin board or to the Christian Education mailbox in the workroom