

**ST. MATTHEW VBS**  
**STUDENT REGISTRATION FORM**  
(Please Print)

Today's date:			
<b>STUDENT INFORMATION</b>			
Student's Last name:		First:	Middle:
Parent/Guardian Last name:		First:	Middle:
Birth date: / /	Age:	Grade Level: (3K – 6 <sup>th</sup> )	Parent/Guardian Email:
Street address:		Best Contact Number.: (    ) Secondary Contact Number: (    )	
City:	State:	ZIP Code:	
<b>Please note any Food Allergy/Medication Information:</b>			
<b>MEDIA MATERIAL RELEASE</b>			
St. Matthew Lutheran Church has my permission to use my or my child's photograph publically to promote the VBS youth program and related activities. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.			
<i>Parent/Guardian signature</i>			

Please return form to either St. Matthew's church office or the Hope Center office by July 23, 2021. You can also mail the form to St. Matthew Lutheran Church, 129 S. Mason St., Appleton, WI 54914.