



ST. PAUL'S & GRACE DUAL PARISH VACATION BIBLE SCHOOL REGISTRATION FORM
ST. PAUL'S LUTHERAN CHURCH, 511 S. WALNUT, STRASBURG, IL 62465
JUNE 16-20, 2025 9:00 – 11:30 A.M.

#1 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

#2 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

#3 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

May we use your child's (children's) picture (or video) for church purposes only? ____yes ____no

Parent(s): _____ Addr: _____ City: _____

Phone: (cell) _____ (work) _____ In case of emergency: _____

Check if interested in Adult VBS class _____ Name _____

Please return by June 1: St. Paul's Lutheran Church Office, 511 S. Walnut St., Strasburg, IL 62465

Questions: Contact St. Paul's at 217.644.2661 or Diane Jack 217.565.3434



ST. PAUL'S & GRACE DUAL PARISH VACATION BIBLE SCHOOL REGISTRATION FORM
ST. PAUL'S LUTHERAN CHURCH, 511 S. WALNUT, STRASBURG, IL 62465
JUNE 16-20, 2025 9:00 – 11:30 A.M.

#1 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

#2 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

#3 Child's Name: _____ DOB: _____ Grade entering Fall 25: _____

Allergies or Medical Condition: _____

May we use your child's (children's) picture (or video) for church purposes only? ____yes ____no

Parent(s): _____ Addr: _____ City: _____

Phone: (cell) _____ (work) _____ In case of emergency: _____

Check if interested in Adult VBS class _____ Name _____

Please return by June 1: St. Paul's Lutheran Church Office, 511 S. Walnut St., Strasburg, IL 62465

Questions: Contact St. Paul's at 217.644.2661 or Diane Jack 217.565.3434