



**Salem Lutheran Church**  
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314-741-6781



**Vacation Bible School**  
**June 15-18, 2026**  
**5:45 p.m. – 8:15 p.m.**

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ Tribe name (*church use only*): \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized (*yes or no*): \_\_\_\_\_ If no, desire to be? (*yes or no*): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ Tribe name (*church use only*): \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized (*yes or no*): \_\_\_\_\_ If no, desire to be? (*yes or no*): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ Tribe name (*church use only*): \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptized (*yes or no*): \_\_\_\_\_ If no, desire to be? (*yes or no*): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

Home Church: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_