



VACATION BIBLE SCHOOL
June 19-23, 2017 6:00pm-9:00pm
\$25.00 per Family
REGISTRATION FORM

Family Name _____

Mother's Name _____ Father's Name _____

Address _____

Home Phone _____

E-Mail _____

Mother's Cell Phone _____ Father's Cell Phone _____

CHILDREN TO BE ENROLLED 4 years old-5th grade(completed)

	Name	Age	Grade Completed	T-shirt size*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

*Indicate CHILD(C) or ADULT (A)

EMERGENCY CONTACT

Name _____ Cell # _____

HEALTH CONCERNS-FOOD ALLERGIES

Name _____ Concern _____

Name _____ Concern _____

Name _____ Concern _____

Name _____ Concern _____

Consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or future advertisement of Parish VBS programs. Any other use will require your further consent. Parent/Guardian Signature/Date _____

REGISTRATION DATE _____ FEE PAID _____

*******Return completed form by Sunday June 5, 2017*****
(to receive a t-shirt)**