



VACATION BIBLE SCHOOL REGISTRATION
(One form per child, please)

*Student First Name: _____

*Student Last Name: _____

Nickname: _____

Age: _____

Gender: Male Female

Grade just completed in 2017: _____

Home Parish (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name (first and last): _____

*Address: _____

*City: _____

*State: _____

*Zip: _____

*Email: _____

*Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Phone: _____

Alternate Pickup (first and last name): _____

Alternate Pickup Phone: _____

General Information: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting parish, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent Signature

Date