



St. Michael the Archangel Parish

VACATION BIBLE SCHOOL

July 9th - 13th, 2018

REGISTRATION FORM

Child's Name _____ Date of Birth _____ Last School Grade Completed _____

Parent's/Guardian's Name _____

Street Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

1. Name _____ Relationship to Child _____ Phone _____

2. Name _____ Relationship to Child _____ Phone _____

SPECIAL NEEDS

List medical conditions, disabilities and medications: _____

List **FOOD ALLERGIES** and other allergies: _____

Will you or an older child (age 13 or older) be able to help during VBS? Yes No

If yes, please contact Isabel for more details.

Please enroll my child in the VBS Program that will take place from July 9th - 13th, 2018 at St. Michael the Archangel Parish. Cost is \$10.00 per child or \$15.00 per family (scholarships available).

Parent/Guardian Signature _____ Date: _____

Consent for Use of Photographs

I hereby authorize and give full consent to St. Michael the Archangel Parish staff and volunteers to photograph my child during Vacation Bible School Activities. I hereby authorize and give full consent to St. Michael the Archangel Parish and its organizations to publish and/or print my child's photograph. This photograph may be used in posters, bulletin boards, flyers, mailers, newsletters, video presentations, all social media, the parish web site and other materials used to promote our parish and its ministries. I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Printed Name _____ Signature _____ Date: _____

FOR OFFICE USE ONLY

Paid: Cash Check # _____

Registrar's Initials _____