



VACATION BIBLE SCHOOL JULY 27-31



Kindergarten through 5th Grade

Registration

Parent Name(s) _____ Phone # _____
 Street Address _____ City _____ Zip _____
 Emergency Phone # during VBS _____

Child's Full Name _____ Age _____ Grade _____
 Address (if different from above) _____
 Special medical or educational needs? _____ T-Shirt Size Youth S M L
 Allergies (food or otherwise) _____ Adult S M L

Child's Full Name _____ Age _____ Grade _____
 Address (if different from above) _____
 Special medical or educational needs? _____ T-Shirt Size Youth S M L
 Allergies (food or otherwise) _____ Adult S M L

Child's Full Name _____ Age _____ Grade _____
 Address (if different from above) _____
 Special medical or educational needs? _____ T-Shirt Size Youth S M L
 Allergies (food or otherwise) _____ Adult S M L

Videotaping and Still Photographs: Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may only be used for future promotional efforts, including the St. Agnes website and bulletin.

Parent Signature _____

Volunteering

I would like to help with (check those that apply):

- Gathering supplies
- Preparing crafts or site decorations
- Station Leader– Crafts, Snacks, Video, Games, Stories, etc.
- Group Helper– assists children with crafts, helps move children from station to station
- Help with morning check-in



Pray for the success of VBS!!!!!!!!!!!!!!!!!!!!

Return this form and \$15 per child by June 29 to save your spot! Make checks payable to St. Agnes.