

Vacation Bible School

JULY 22 – 26, 2019 | 9:00 AM – 12:00 PM | AGES 3½ – RISING 4TH GRADE



Please fill out BOTH SIDES of the registration form and turn it in with your payment to St. Andrew's main office. Incomplete forms may lead to your child(ren) not being enrolled in VBS.

This program is designed for a full week of indoor and outdoor participation (so remember the sunscreen!) If you know in advance that your child will not attend on a given day, please indicate which day(s) below.

REGISTRATION & PAYMENT ARE DUE BY MONDAY, JULY 1, 2019.

For more information about Vacation Bible School at St. Andrew's, please contact Amy Dutton (amy@standrews.net).

CHILD REGISTRATION

Full Name: _____ Goes by: _____

Birth Date: ____/____/____ Fall 2019 Grade: _____ T-Shirt Size: XS S M L XL

Days **not** attending: M T W Th F

Permission to use child's photo on website/in publications? *Names will not be included.* YES NO

Allergies: _____ Special Needs: _____

Full Name: _____ Goes by: _____

Birth Date: ____/____/____ Fall 2019 Grade: _____ T-Shirt Size: XS S M L XL

Days **not** attending: M T W Th F

Permission to use child's photo on website/in publications? *Names will not be included.* YES NO

Allergies: _____ Special Needs: _____

Full Name: _____ Goes by: _____

Birth Date: ____/____/____ Fall 2019 Grade: _____ T-Shirt Size: XS S M L XL

Days **not** attending: M T W Th F

Permission to use child's photo on website/in publications? *Names will not be included.* YES NO

Allergies: _____ Special Needs: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Relationship to child: _____

E-mail Address: _____

Cell Phone: _____ Other Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship to child: _____

E-mail Address: _____

Cell Phone: _____ Other Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Emergency Contact *(other than parent/guardian)*

Full Name: _____ Relationship to child: _____

Cell Phone: _____ Other Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

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PAYMENT

Please return this registration form with your payment to St. Andrew's main office. You can make checks payable to St. Andrew's Episcopal Church with "VBS 2019" on the memo line.

Registration Fee: \$30/child – \$65/family max

Number of children attending: _____ Check amount: _____ Check number: _____