



**St. Stanislaus Kostka
Vacation Bible School
Registration Form
June 25 – 29, 2018
10:00am-1:00pm
Pre-K thru 6th Grade
\$30 per child**

Current Age _____

Name of Child: _____ **2017-18 Grade** _____

Address: _____

Home Phone: _____ **Cell:** _____

Parent E Mail Address: _____

Mother's Name: _____ **Phone:** _____

Father's Name: _____ **Phone:** _____

Adult Siblings Name: _____ **Phone:** _____

Who might be picking your child up from VBS? _____

In Case of Emergency please contact (If parent can not be reached)

Name: _____

Address: _____

Phone: _____ **Cell:** _____

Please list any allergies/medical needs we should be aware of including food allergies: (We will be providing healthy snacks)

Is there anything else we need to know? Use back of form.

My child has permission to participate in the St. Stanislaus VBS from June 25 - 29, 2018. I will have my child here by 10am and will pick up at 1pm. I also give permission for pictures/videos to be taken of my child. (Pictures/video will only be used for internal purposes and will not be released to public without specific consent.) _____ yes _____ no
(checking no disallows any picture/video of your child's image in any presentation.)

Parent Signature