



Vacation Bible School Registration

June 19-23, 2017

9:00-11:30 AM

Age 3 – Entering Grade 5

St. Paul's Episcopal Church, Maumee

Child's Name: _____ (One form for each child, please)

Grade Completed: _____ Birthday: ____/____/____ Age: _____

Parent's Name(s): _____ E-mail: _____

Home Address: _____

Home/Cell Phone: (____) _____ Church Affiliation: _____

Emergency Contact Person: _____ Relationship to Student: _____

Home/Cell Phone: (____) _____ Alternate Phone: (____) _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Name of a special friend your child would like to be grouped with: _____

Food Allergies: ____ Yes ____ No - If yes, list: _____

Medical Concerns: ____ Yes ____ No - If yes, explain: _____

I would like to help with VBS by (donating snacks, leading a small group, help with music or service project, etc.): _____

St. Paul Episcopal Church Music Camp leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. Yes No

Parent Signature: _____ Date: _____

There is no cost for VBS thanks to a grant from St. Paul's Outreach Committee!