## St. Paul's VBS Registration Form

Child's Name		Age	Grade
Parent/Family/Guardian Names			
Address			
		Work	
Date of birth	Last school grade cor	mpleted	
Home Church (if any)			
Please circle all that applies: I a	m/my child attends: Kid's Ca	afé Family Shelter	
Special Needs/Allergies/Medic	cal Information/Other:		
Emergency Contacts Name		Phone	
Name(s) of person(s) who may p		ther than listed above)	
Will you volunteer to Help?	Chaperone?	Bring food?	
Cost is \$15 per child. Scholarships a	re available (Please see Deacon	Lauren.) Music CD \$10	_Late \$20
materials. I understand the imag	es may be used in print public	rmission to use my child's photogra cations, online publications, preser ompensation shall become payable	ntations, websites, and
Parent/Guardian's signature:			<del></del>
	(for church u	se only)	
VBS Group:	Are family members helping	with VBS? If yes, where?	