



St. Francis of Assisi Parish
2018 Vacation Bible School Registration
June 18th - June 22nd 9:00 am-12:30 pm
Ages 4 years to entering 6th Grade

Family Last Name: _____ Registration is \$25 per child

E-mail: _____ *Check for enrollment confirmation*

Child's First Name	Sex	Date of Birth MM/DD/YYYY	School Grade Fall 2018	Youth Shirt Size*	Face Painting
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					

* T-shirt size may be larger than specified

Parents/Guardian: _____ Cell : _____

Emergency Contact: _____ Cell : _____

I grant permission for my child(ren) to attend and participate in all activities planned for the Vacation Bible School to be held at St. Francis of Assisi Parish from June 18-22, 2018. I release the Parish of St. Francis of Assisi and its staff, employees and representatives from all rights and claims for damages, injury or loss to person or property, which may be sustained or occur during participation in VBS.

Signature of Parent/Guardian: _____ Date: _____

REGISTRATION DEADLINE IS MONDAY, MAY 29th, 2018

Number of Children Registered x \$25 = _____

Amount Received: _____ Check Number: _____ Date: _____

Questions? Contact the RE Office at 703-221-3127 or email Sharon Gardner at gardners.vbs@gmail.com.