## St. Francis of Assisi Parish 2019 Hometown Nazareth

## **Vacation Bible School Registration**

## June 17th - June 21st 9:00 am-12:30 pm Ages 4 years to entering 6th Grade

| Family Last Name: | Registration is \$25 per child |
|-------------------|--------------------------------|
|-------------------|--------------------------------|

| Child's First Name   | Sex                       | Date of Birth         | School Grade              | Face                |
|--|---------------------------|-----------------------|---------------------------|---------------------|
|  |                           | MM/DD/YYYY            | Fall 2019                 | Painting            |
|  | 🗆 Boy                     |                       |                           | □ Yes               |
|  | □ Girl                    |                       |                           | 🗆 No                |
| Health restrictions, medical alerts, for                                 | od allergies or special n | eeds:                 | · · · · ·                 |                     |
|  |                           |                       |                           |                     |
|  | 🗖 Воу                     |                       |                           | 🗆 Yes               |
|  | 🛛 Girl                    |                       |                           | 🗆 No                |
| Health restrictions, medical alerts, foo                                 | od allergies or special n | eeds:                 |                           |                     |
|  |                           | I                     | 1 1                       |                     |
|  | D Boy                     |                       |                           | 🗆 Yes               |
|  | 🗆 Girl                    |                       |                           | 🗆 No                |
| Health restrictions, medical alerts, for                                 | od allergies or special n | eeds:                 |                           |                     |
|  |                           |                       |                           |                     |
|  | 🛛 Воу                     |                       |                           | □ Yes               |
|  | 🗆 Girl                    |                       |                           | 🗆 No                |
| Health restrictions, medical alerts, foo                                 | od allergies or special n | eeds:                 |                           |                     |
|  |                           |                       |                           |                     |
|  |                           |                       |                           |                     |
| arents/Guardian:   |                           | Cell :                |                           |                     |
| mergency Contact:  |                           | Cell :                |                           |                     |
| · ·  |                           |                       |                           |                     |
| rant permission for my child (ren)                                       | to attend and partici     | oate in all activitie | es planned for the Vacati | ion Bible School to |
| Id at St. Francis of Assisi Parish fro                                   |                           |                       | •                         |                     |
|  |                           |                       |                           | •                   |
|  |                           |                       |                           |                     |
| d representatives from all rights an<br>cur during participation in VBS. | nd claims for damage      | s, injury or loss to  | o person or property, wh  | ich may be sustain  |

| Signature of Parent/Guardian:   |  | Date: |  |  |  |  |
|---|--|-------|--|--|--|--|
| <b>REGISTRATION DEADLINE IS Sunday, June 2<sup>nd</sup>, 2019</b><br>Number of Children Registered x \$25 = |  |       |  |  |  |  |
| Amount Received:  | Check Number:  | Date: |  |  |  |  |
| Got Questions? Contact the RE Of  | fice at 703-221-3127 or email Maria<br>Return form to the RE ( |       |  |  |  |  |

or