



**St Kathryn Church
Vacation Bible School
August 9,11,& 13th
9am – 12pm**

Child's Name: _____ Gender: _____

Child's Age: _____ Last school grade completed: _____

Address: _____

Name of Parent: _____

Parent phone Number (H): _____ (C): _____

Home email address: _____

Home Church: _____

Food or Drug allergies: _____

Emergency contact and phone number:

People who may pick up child: _____

Parent Volunteer: _____

I give my child permission to participate in all activities and programs during St. Kathryn's Vacation Bible School. I agree that St. Kathryn Church will not be held responsible for accidents or persons injured arising there from. I also realize that my child may be in photographs taken during the Vacation Bible School time. I waive the right to inspect or approve the photo if used for publication or publicity within the church community.

Parent Signature: _____ Date: _____

Cost is \$20 per child. VBS is for children going into grades preK- 5.

Please make checks payable to St. Kathryn Church.

Office Use Only:

Registration Fee paid: _____ Cash: _____ Check: _____

Crew Number/Name: _____