



# Vacation Bible School

Preschool – 6<sup>th</sup> Grade

June 17 – 21, 2019

9 a.m. – 11:30 a.m.

Held at:  
St. Richard School  
333 Brookside Dr.  
Swanton, OH 43558  
419-826-2791



\$ Offerings will be collected daily at the entrance \$



Sponsored by:

Faith Evangelical Lutheran Church  
St. Richard Catholic Church  
Trinity United Methodist Church



## Register Me For: Miraculous Mission VBS 2019

1. Child's Name \_\_\_\_\_  
Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Food Allergies Y N If yes, list \_\_\_\_\_  
Medical concerns Y N If yes, explain \_\_\_\_\_

2. Child's Name \_\_\_\_\_  
Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Food Allergies Y N If yes, list \_\_\_\_\_  
Medical concerns Y N If yes, explain \_\_\_\_\_

3. Child's Name \_\_\_\_\_  
Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Food Allergies Y N If yes, list \_\_\_\_\_  
Medical concerns Y N If yes, explain \_\_\_\_\_

**↓↓ MUST COMPLETE FOR CHILD TO PARTICIPATE ↓↓**

Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Ph # \_\_\_\_\_ Relationship to child \_\_\_\_\_

- I hereby grant permission to the VBS staff for my child's photo to be used for promotional purposes. (no names will be used)
- I do not grant permission

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_