

VACATION BIBLE SCHOOL 2022

Child Registration Form Cost \$10 per child

| | - 12 noon St. Francis of Assisi Catholic Church |
|--|---|
| Child's Information: | |
| Name: | |
| Gender: M F Age: | Grade completed May 2022: |
| Allergies or medical conditions: | |
| Health Insurance # (if applicable): | |
| Family Information: | |
| Parent/Guardian Name: | |
| Address: | Email: |
| Phone Numbers: | |
| Home: | Cell: |
| Emergency Contact: | |
| Name: | Phone: |
| as possible in the event of an emergency. In the case of sicknes nteers of the VBS program to obtain medical care from a licensed her legal guardian(s) cannot be reached. I hereby do release and cis of Assisi from all manners of actions, claims which I or the chi | ne health and well being of the participants in this VBS and that I will be notified as or an accident, I authorize and consent the VBS Team, or other associated physician, hospital, or medical clinic for my son/daughter in the event that mysel forever discharge Liguori Publications, The Archdiocese of Atlanta, and St. ald named above shall or may have for any reason, arising during my child's also consent to allowing my child's image to be recorded, either by photograph BS programs. Any other use will require your further consent. |
| nt / Guardian Signature | Date |

Return completed form with payment by

June 10th, 2022