



St. Stanislaus Kostka  
Vacation Bible School  
Registration Form  
August 5 - 9, 2019  
10:00am-1:00pm  
Pre-K thru 6<sup>th</sup> Grade  
\$30 per child

Current Age \_\_\_\_\_

Name of Child: \_\_\_\_\_ 2019-20 Grade \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent E Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult Siblings Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who might be picking your child up from VBS? \_\_\_\_\_

In Case of Emergency please contact (If parent can not be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any allergies/medical needs we should be aware of including food allergies: (We will be providing healthy snacks) \_\_\_\_\_

Is there anything else we need to know? Use back of form.

My child has permission to participate in the St. Stanislaus VBS from August 5 - 9, 2019. I will have my child here by 10am and will pick up at 1pm. I also give permission for pictures/videos to be taken of my child. (Pictures/video will only be used for internal purposes and will not be released to public without specific consent.)

\_\_\_\_\_ yes \_\_\_\_\_ no (checking no disallows any picture/video of your child's image in any presentation.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date