



**St. Francis of Assisi Parish**  
**2018 Vacation Bible School Registration**  
**June 18th - June 22nd 9:00 am-12:30 pm**  
**Ages 4 years to entering 6th Grade**

Family Last Name: \_\_\_\_\_ Registration is \$25 per child

E-mail: \_\_\_\_\_ *Check for enrollment confirmation*

Child's First Name	Sex	Date of Birth MM/DD/YYYY	School Grade Fall 2018	Youth Shirt Size*	Face Painting
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health restrictions, medical alerts, food allergies or special needs:					

\* T-shirt size may be larger than specified

Parents/Guardian: \_\_\_\_\_ Cell : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell : \_\_\_\_\_

I grant permission for my child(ren) to attend and participate in all activities planned for the Vacation Bible School to be held at St. Francis of Assisi Parish from June 18-22, 2018. I release the Parish of St. Francis of Assisi and its staff, employees and representatives from all rights and claims for damages, injury or loss to person or property, which may be sustained or occur during participation in VBS.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION DEADLINE IS MONDAY, MAY 29th, 2018**

Number of Children Registered x \$25 = \_\_\_\_\_

Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact the RE Office at 703-221-3127 or email Sharon Gardner at [gardners.vbs@gmail.com](mailto:gardners.vbs@gmail.com).