



**St. Francis of Assisi Parish
2017 Vacation Bible School Registration
June 19th - June 23rd 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 2017	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: _____

Home Phone: _____ Cell : _____

Emergency Contact (other than Parents/Guardian): _____

Emergency Contact Home Phone: _____ 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 19-23, 2017. 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, 2017

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.