



Registration Form

Name (first and last): _____ Age: _____ Please circle: M or F

Grade (in the fall): _____ School: _____

Address: _____
Include postal code

Home Phone: _____ Cell phone: _____

Email address: _____ How many siblings participating? _____

Names of siblings: _____



In case of emergency, contact: _____
Name and phone number to use during week of VBS

Allergies or other medical conditions: _____

The name of a friend attending, that your child would like to journey with: _____

___ This IS my child's first VBS. This is our ___ (2nd, 3rd) VBS at Resurrection Parish.

___ My Child has attended a VBS at another church.

Tell us anything special you would like us to know about your child:

I hereby give Resurrection Parish permission to use any still and/or moving image and/or audio footage depicting the child named above. This may include but not be limited to use in bulletins, on the parish website and in flyers or other publications produced by Resurrection Parish.

Signature of Parent: _____ Date: _____