Vacation Bible School Registration Form 2021

Student's Name: _____ Gender: ❑ Male ❑ Female

Date of Birth: _____/_____/_____ Last School Grade Completed: _____

Parent/Guardian Name: _____ Phone:(____)_____

Email: _____ Alt. Phone:(____)_____

Address: _____

Emergency Contact Name: _____ Phone:(____)_____

Allergies / Medical Concerns: _____

_____

_____

Does St. Philip the Apostle Catholic Church staff and Vacation Bible School volunteers have your permission to photograph/video your child during the week of Vacation Bible School? ❑ Yes ❑ No

Who is authorized to pick up your child?

_____

Name Phone Number Relationship to Child

_____

Name Phone Number Relationship to Child

_____

Name Phone Number Relationship to Child