



# VBS 2018

## July 16-20; 9-12pm

Holy Family Church -505 17<sup>th</sup> ST SE Auburn, WA 98002

\$35/1 child; \$65/2 children; \$75 family maximum/3+children

Parents Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

\_\_\_\_\_ Medical Release: I give my permission for the Holy Family Parish VBS staff to administer basic first aid to my child/children (named on reverse side) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

\_\_\_\_\_ Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

\_\_\_\_\_ Permission to Attend: I give permission for my child/children (named on reverse side) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, Holy Family Parish.

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

\_\_\_\_\_  
Date

**\*\*OFFICE USE ONLY\*\***

Received by: \_\_\_\_\_ Recorded by: \_\_\_\_\_ CD Given to Family: \_\_\_\_\_

Fees due: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: Cash Check # \_\_\_\_\_

**#1 Student** First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Grade completed (June 2017): \_\_\_\_\_

Allergies/Medical issues or Special Needs:

**\*\*OFFICE USE ONLY\*\***

Group:

It would be nice if my child is placed in same group as (child's name):

**#2 Student** First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Grade completed (June 2017): \_\_\_\_\_

Allergies/Medical issues or Special Needs:

**\*\*OFFICE USE ONLY\*\***

Group:

It would be nice if my child is placed in same group as (child's name):

**#3 Student** First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Grade completed (June 2017): \_\_\_\_\_

Allergies/Medical issues or Special Needs:

**\*\*OFFICE USE ONLY\*\***

Group:

It would be nice if my child is placed in same group as (child's name):

**#4 Student** First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Grade completed (June 2017): \_\_\_\_\_

Allergies/Medical issues or Special Needs:

**\*\*OFFICE USE ONLY\*\***

Group:

It would be nice if my child is placed in same group as (child's name):