

PARTICIPANT REGISTRATION FORM

Please fill out one form
for each child attending



Child's Name _____ Birth Date _____

Rising Grade (2010/2011) _____ (rising Pre-K through 6th grade; must be 4 on or before 9/1/2010)

Parents' Names _____

Address _____

Email _____

City/Zip _____

Telephone (home) _____ Cell phone _____

Mother's work phone _____ Father's work phone _____

Are you a member of St. Bede's Church? Y/N If no, church you attend _____

Does your child attend St. Bede's Day School? Y/N

Names of other adults authorized to pick up this child _____

Medical Information (please include any food or other allergies or sensitivities; use reverse side if needed) _____

Pediatrician _____ Phone _____

Emergency contact _____ **Phone** _____

VACATION BIBLE SCHOOL 2010 PERMISSION AND RELEASE

I, the undersigned parent or guardian of _____, give my permission for his/her participation in the 2010 Vacation Bible School activities of St. Bede's Episcopal Church, Atlanta, Georgia. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. I understand that only myself or another adult authorized by me may pick up my child from VBS.

Signature of Parent/Guardian _____ **Date** _____

Fees (\$25 for first child, \$15 for each additional child) = \$ _____

Extended day (circle days) M T W Th x \$5 per day = \$ _____

TOTAL DUE (checks can be made out to St. Bede's VBS) = \$ _____

For office use only

DR _____

DB _____

SIB Y/N

GRP _____