



Prefect Registration Form  
for Vacation Bible School at Hogwarts 2018 For  
Teenagers ages 12-18 | June 25 – June 29, 2018  
Morning Prefects 8:00 am – 1:00 pm  
Afternoon Prefects 12:30 pm – 5:30 pm  
Registrations accepted 2/13/18 – 5/14/18

Please provide the following information for teenagers (12-18 years old) who would like to participate as prefects in VBS at Hogwarts. A separate form is needed for each prefect applicant. Being a prefect is fun and rewarding but it is also a big responsibility. All prefects are expected to participate in the preparation of Hogwarts during the period covering June 18 – June 24. Each prefect is required to work three shifts including one on the Saturday or Sunday, June 23 or 24. Each prefect will be assigned a group of children for whom they will be responsible during the entire camp. Additionally, prefects (especially new prefects) will be expected to attend one of the training sessions or to meet for one-on-one training at some point before the beginning of camp. We need 24-30 prefects per session on a first-come-first-served basis. Please get your registration forms in as soon as possible.

Name: FIRST & LAST	Indicate Years attending or First Time	Grade: (rising 2018- 2019)	Age: (12- 18)	Shirt size: YS- AXL	ALLERGIES? DESCRIBE	Student age preference	AM or PM session preference	House preference

If needed, please indicate your willingness to participate in BOTH AM AND PM sessions. Y/N

(circle) Character Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Parent/Guardian names: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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

Prefect Email Address: \_\_\_\_\_ Prefect Cell Number: \_\_\_\_\_

Preferred means of communication (check one): text to cell phone \_\_\_\_\_ prefect email \_\_\_\_\_ parent email \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_

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

Medical Insurance Carrier: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I consent to photographs and videos taken of my child during Hogwart's VBS to be shared on the VBS Shutterfly site and used in church publications. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RETURN REGISTRATION FORMS TO THE CHURCH OFFICE OR DISPLAY IN THE NARTHEX. FORMS CAN ALSO BE MAILED TO Church of the Holy Comforter c/o Peggy Miller, 543 Beulah Rd., Vienna, VA 22180. Contact info: Linda Lee Malone, VBS Director, [vbs@holycomforter.com](mailto:vbs@holycomforter.com) or via text/cell 703-926-1708. OFC USE:  Entered in email distribution  Allergies Update