

Last Name \_\_\_\_\_

**VACATION BIBLE SCHOOL REGISTRATION FORM 2017**

**IMMACULATE CONCEPTION CHURCH**

**Office of Religious Education**

314 Old Allerton Road Annandale, New Jersey 08801

***Vacation Bible School Program:***

***MAKER FUN FACTORY: Created by GOD Built for a Purpose***

**July 31<sup>st</sup> to August 4<sup>th</sup>, 9 am to 12 pm**

**Location: Parish Hall of the Church**

**Tuition is \$60.00 for the first child and \$40 for subsequent children payable at time of registration.**

Registration with credit card payment is available online for an additional \$5 fee at [www.iccannandale.org](http://www.iccannandale.org)

Go to "education and youth"; then on left box "Vacation Bible School"; then "VBS Registration 17"

Parents' Names (first & last): \_\_\_\_\_  
Street City/zip

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

\_\_\_\_ Check here if your address or phone # has changed during the past year

Email address \_\_\_\_\_

Is it okay to photograph your child? Y/N comments: \_\_\_\_\_

**Children's Names** \_\_\_\_\_

**Grade K-5 (Fall 2017)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **I am willing to help during the week as a parent volunteer/station leader**

**Does your child have any special needs, medical condition or allergies?** \_\_\_\_\_

**Does he/she carry an EpiPen?** \_\_\_\_\_ **If so, additional medical form is required.**

**Does your child have any special learning needs?** \_\_\_\_\_

This information will be shared with the group leaders only and it will not marginalize your child in any way, but will help the group leaders address your child's needs. Our programs are run by volunteers, so we will do our best to accommodate your child's needs.

\_\_\_\_\_

**For office use only:**

**Date received in RE/E Office:** \_\_\_\_\_

**Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Online Payment** \_\_\_\_\_