



VACATION BIBLE SCHOOL

When: 13-17 August 2017

Time: 6:30PM-8:30PM

Where: RE Center Building #1028

REGISTRATION FORM

(One per family)

Family Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Home Email Address: _____

In Case of Emergency Contact: _____

Please register children who are Pre-K to rising 6th graders:

Name of Child	Grade as of Sept 2017	Age	Allergies or other medical conditions

Will parents attend adult education? _____

Please return to Sister Michael

703-806-3418

Smary.m.bochnowski.civ@mail.mil

I give permission for images of my child captured during VBS through video, photo, and digital camera, to be used solely for the purpose of VBS promotional material.

____ Yes _____ No _____ Signature of parent _____ Date _____