



## 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 6<sup>th</sup> 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**  
[Smery.m.bochnowski.civ@mail.mil](mailto:Smery.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 \_\_\_\_\_