December 31 of this year.

Parent Signature

vacation bible camp



Along with this completed form, please attach a check for \$20 (per child)

<u>Payment and form can be mailed to Faith Formation Office, Saint Anthony Church, 4 Union City</u>

<u>Road Prospect, CT o6712, or dropped into the offertory basket (clearly labeled for VBS).</u>

VBS REGISTRATION 2021 *Student name: Age: _____ Grade: ____ Gender: _____ Allergies, Medical Issues or Special Needs: *Parent Name: _____ *Address: *Email: Phone Number: Emergency Contact: relation to child Emergency Phone: Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me. Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the

VBS hosting church, and that all registration information will be removed from the hosting site by

Date