

**St. Mary of the Assumption Parish, Lancaster NY  
Vacation Bible School Registration Form**

**July 23-27, 2018 - 6:00-8:00pm**

**“Answering the Call”**

**For children ages 5-10**

**Please complete one form per child**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Gr. (Fall 2018) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent's/ Guardian's Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Persons to be contacted in case of emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Does your child have any medical conditions or allergies that we should be aware of? If so, please explain.

\_\_\_\_\_

I would like to volunteer to help with \_\_\_\_\_

Parish (Church) to which I belong: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this registration form, you agree that any photographs may be used for the parish's written or electronic publications.  
To opt out of photographs, initial here: \_\_\_\_\_

*Office use only:*

Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ plain white T-shirt received \_\_\_\_\_