

V.B.S. Registration Form

Mission: SPACE

June 4 – June 8

9:00am – Noon

Family Potluck closing Friday at 6:30 pm



**Led
by the
Holy Spirit**



Registration Fee: \$10 per child; includes shirt

All children **PreK – Grade 5** are invited

(3 yrs old AND potty trained)

Family Name: _____ Mother: _____ Father: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

| | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child 1 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |
| Child 2 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |
| Child 3 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |

Parent Release Form (Must be signed in order to process registration):

I give permission for the above listed child(ren) to participate in Vacation Bible School at Our Lady of Lourdes Parish. I authorize emergency medical treatment for my child should the need arise, and hereby release and hold harmless Our Lady of Lourdes Church, staff and volunteers of any responsibility and liability for any injury or claim resulting from my child's participation in Vacation Bible School.

Parent/guardian signature: _____ Date: _____

Media Release Form (Please sign if you allow photographs of your child/children to be published)

The undersigned parent/guardian of the above listed child(ren), participating in Our Lady of Lourdes Vacation Bible School program, hereby consent to the release of photographs and name of minor(s) to be used by Our Lady of Lourdes Parish for future promotional programs of Our Lady of Lourdes Parish and the Diocese of Columbus. If you have any questions or concerns, please contact Jill Turner (937) 644-6020.

Parent/guardian signature: _____ Date: _____

*** Additional astronauts:**

Family Name: _____ Mother: _____ Father: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

| | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child 4 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |
| Child 5 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |
| Child 6 | <p>Child's Name: _____ Last Grade Completed: _____ (or age)</p> <p>T-shirt size: YS YM YL AS AM Gender: Male / Female Fee paid: _____</p> <p>Allergy/Medical Info: _____</p> |