

Good Shepherd & St. Augustine's



Vacation Bible School
Registration Form
August 7-11, 2017
9:30 am to 12:30 pm

VBS Mass Celebration
Sunday, August 13th at 10:00am at Good Shepherd

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number or name (for church use only): _____

Tee-Shirt Size (Please Circle): If you need one.

Youth:	small	medium	large	x-large
Adult:	small	medium	large	x-large

Dear Parents,

Due to State law regulations, we need this form completed and on file in our office before your child can attend Vacation Bible School. You may return this form by mail, drop it in the collection basket at Mass, or you can mail it to:

Good Shepherd Youth Ministry Office, Attn VBS, P.O. Box 517, Linwood, MA 01525.

Thank you.

Children's Names:	Allergies (food or medicine or insect)
_____	_____
_____	_____
_____	_____
_____	_____

Child(ren)'s Physician: _____

Name	Phone Number
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Child(ren)'s Dentist: _____

Name	Phone Number
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Insurance Company and Policy #: _____

Phone number where you can be reached during V.B.S. _____

Emergency Contact Person & Phone Number in the event you cannot be reached.

Pick Up

Parents are being asked to pick up their own child(ren) upstairs in the church. Please list any person other than yourself who is authorized to pick up your child(ren). Please list names and phone numbers.

Please send in a note or call us if different arrangements are required during the week of VBS.

In the event of an emergency, the Vacation Bible School staff will follow standard 911 procedures for transportation to the nearest hospital.

I give my permission: _____

Parent signature	Date
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