



**ST. PETER AND ST. PAUL CATHOLIC CHURCH
VBS ELEMENTARY REGISTRATION FORM**

One form per child

Name: _____ Age as of June 2017: _____

Birthday (month/day) _____

Grade **entering in September 2017** circle: 1 2 3 4 5

Address: _____ City/zip _____

Home phone # _____ Email address: _____

Mother's name _____ Cell # _____

Father's name _____ Cell # _____

Emergency contact name and number, other than above _____

Food allergies: _____

Special needs/Restrictions: _____

T-Shirt size:

YOUTH: _____ SM _____ MED _____ LG

ADULT: _____ SM _____ MED _____ LG _____ XL _____ XXL

MUSIC CD: _____ **yes, additional \$6** _____ I do not want a music CD

_____ **OFFICE USE ONLY** _____

Paid: _____ Cash/Check #: _____ Receipt #: _____ Date Received: _____

T-shirt size: _____ CD: _____

- PHOTO RELEASE – I grant St. Peter and St. Paul Church permission to use my child(ren)'s picture(s) in its publications, including website, without payment or any other consideration. I also waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child(ren)'s likeness appears.

Initials: _____

VBS registrations will be taken on a first-come, first-served basis. Space is limited.
****Cost is \$60 for one child, \$30 per additional child in the same household****
Registration cost for children of Adult Volunteers is \$30

- I am interested in volunteering for VBS. Please contact me for more info.

Family Physician	Insurance Company	Policy #	Phone #
_____	_____	_____	_____

Do you authorize transport to any hospital in case of emergency? Yes____ No____

Print Name: _____

Signature: _____ Date: _____

Return completed form with payment to register for VBS.
Cash or checks (payable to St. Peter and St. Paul)
\$60 for the first child, \$30 per additional child in the same household.

EARLY REGISTRATION IS ENCOURAGED.

VBS Dates:

June 26th – 30th, 2017

9:00 am – 12:00 pm

Follow us on Facebook: SPSP VBS 2017