



# Vacation Bible School-2018

June 25 - June 29 (9am-12pm)



[Please print clearly. Need full address & zip code for US Postal Service mailings.] VBS Registration Form

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TX, Zip Code: \_\_\_\_\_

Email: (\_\_\_\_) \_\_\_\_\_ Father's Cell (\_\_\_\_) \_\_\_\_\_ Mother's Cell (\_\_\_\_) \_\_\_\_\_

Sign me up! **Adult volunteer:** Lead \_\_\_ / Assist \_\_\_ / T-shirt size \_\_\_\_\_

**MUST BE CLEARED THROUGH OUR SAFETY ENVIRONMENT PROGRAM.**

**PLEASE ENROLL THE FOLLOWING CHILD/REN:** Enrollment is open to children entering Pre-K through 5th Grade.

[NOTE: Child must be 3 years of age as of July 1 and SELF-SUFFICIENT/FULLY TOILET TRAINED.]

1. Name: \_\_\_\_\_ Current Grade 2017-2018: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Child's Allergies and Other Medical Conditions: \_\_\_\_\_

2. Name: \_\_\_\_\_ Current Grade 2017-2018: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Child's Allergies and Other Medical Conditions: \_\_\_\_\_

3. Name: \_\_\_\_\_ Current Grade 2017-2018: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Child's Allergies and Other Medical Conditions: \_\_\_\_\_

**IN CASE OF EMERGENCY:** \_\_\_\_\_ (\_\_\_\_)  
Contact Name Day Telephone Number

I hereby authorize the directors of Vacation Bible School (VBS) to act for me according to their best judgment in any emergency requiring medical attention. Also, I hereby waive and release VBS volunteers and St. Paul the Apostle Church from all liability due to any injuries incurred while at VBS. I will pay all expenses incurred.

Parent or Guardian Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group No. \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Dr. Telephone Number: (\_\_\_\_) \_\_\_\_\_

I hereby grant permission to St. Paul the Apostle Church for my child(ren) \_\_\_\_\_ to be photographed. I understand that this releases St. Paul the Apostle Church and the Diocese of Dallas from any liability from the use of their photographs on any St. Paul publications.

Signature(Parent Name) \_\_\_\_\_ Date: \_\_\_\_\_

**AS A PARENT OR GUARDIAN, I UNDERSTAND THAT:**

**VBS reserves the right to send home a child with disruptive or inappropriate behavior. Initials: \_\_\_\_\_**

**\*\* VBS Registration is filled on a "FIRST COME, FIRST SERVED" basis \*\***

Registration Form & Check Received by – June 12: \$40/1 Child or \$120/3+ Children

Registration Form & Check Received by June 13 – June 21: \$45/1 Child or \$135/3+ Children

**RETURN FORM AND CHECK PAYABLE TO "ST. PAUL VBS"**

at 900 St. Paul Dr. Richardson, TX 75080

Questions? Call Faith Formation/Youth Ministry  
Office at (972) 235-2598

**"Jesus has a plan and mission for my life – my vocation!"**

