



# Our Lady of Grace

## Student Registration—VBS

June 11—15 9:00am—12:00pm

Open to students ages 4-11

Early Registration (before 5/27): \$35 per child or \$70 per family

Open Registration (after 5/27): \$45 per child or \$90 per family

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Parent / Caregiver's cellphone: \_\_\_\_\_

Parent / Caregiver's cellphone: \_\_\_\_\_

Parents email address: \_\_\_\_\_

Home Parish: \_\_\_\_\_



Shirt Size: Child X-Small    Child Small    Child Medium    Child Large

In case of emergency, and if this student's parents or guardians cannot be reached, please list an emergency contact (don't list the same person as above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this student have any special physical, mental, or medical needs, including allergies, that may affect his/her participation in Vacation Bible School?

\_\_\_\_\_

\_\_\_\_\_(initials) As the parent or guardian of the above-named student, I hereby grant permission to photograph, videotape and/or record my child for promotion of OLG events.

In case of illness or injury I give permission for the appropriate personnel to obtain medical care for my child.

\_\_\_\_\_  
Signature of Parent or Guardian Date

Office Use Only:	
Payment: _____	Crew: _____