



VBS Registration Form

(One Per Child)

June 10th – 14th 10 AM – 1 PM

\$50 per Child / \$100 per Family

*Volunteers \$15

Let's Dive into Friendship with GOD

Please Check One: Attendee (5yrs – 12yrs) Volunteer (13yrs - Older)

Child's name (Last, First): _____ Child's Gender: _____

Child's Age: _____ Date of birth: ___ / ___ / ___ Last school grade Completed: _____

Parent/Caregiver (Last, First): _____

Street Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Parent/Caregiver:

Cellphone: (____) _____ - _____ E-mail Address: _____

Home Church: _____

T-Shirt Size (Circle One):

Child: XS S M L XL Adult: XS S M L XL XXL

Allergies, medical conditions, or special needs: _____



In case of emergency, Contact Name: _____

Phone: (____) _____ - _____ Relationship to Child: _____

In case of illness or injury, I give permission for the appropriate personnel to obtain medical care for my child. As the Parent/Caregiver of the above-mentioned child/student. I hereby grant permission to photograph, videotape and/or record my child for promotion of OLG events.

Parent/Caregiver's Signature: _____ Date: ___ / ___ / ___

Payments by Cash or Check can be dropped off at the Church Office. Monday – Friday; 9:30 AM – 4:30 PM

You can also pay through VENMO @OurLady-OfGraceSA

Please make sure to note your Child(ren) Name and 2024 VBS Payment