

**Vacation Bible School**

**Registration Form**

**July 17-21, 2017**

**For Grades K-5**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_**

**Age:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Grade completed:\_\_\_\_\_**

**Parent Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_**

**Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child would like to be in a group with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents/Guardians of participants are advised that photography or videotape of participants may be used in publications, websites, or other materials produced by the Religious Education Office of Our Lady of the Visitation Church, Shippensburg. (Participants would not be identified.) Parents who do not wish to have their child(ren) photographed or videotaped should notify the Office in writing.

**Allergies and/or other medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Case of Emergency, contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s):\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return to: Our Lady of the Visitation Church, Religious Education Office

305 N. Prince St., Shippensburg, PA 17257

**Registrations being accepted now through June 30, 2017.**