Vacation Bible School

Registration Form

August 4-8, 2025 (6-8pm)

For Grades Pre-K to 5th

(4 & 5-year olds that have not started Kindergarten yet)

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 July 4, 2025.