

St. Joseph the Worker

Vacation Bible School 2017



REGISTRATION FORM

Name: _____

Birth Date: _____ School Grade Just Completed: _____

Address: _____

City: _____ Zip: _____

Home Phone Number: (818) _____ Cell Number () _____

Email: _____

Parent/Guardian (s) Name (s): _____

In Case of an Emergency, Contact: _____

At () _____ Relation to Child: _____

Allergies or Medical Conditions: _____

T- Shirt size (Check one)

Child: XS _____ S _____ M _____ L _____ XL _____

Adult: S _____ M _____ L _____ XL _____

Media Release (Circle One)

I hereby "Grant/Do not grant" **St. Joseph the Worker Vacation Bible School Ministry** permission to use any photographs or video footage of my children for any promotional or other legitimate reason.

Parent/Guardian Signature: _____

Parent Printed Name: _____