



ST. JANE DE CHANTAL CATHOLIC CHURCH & ST. MICHAEL MISSION VBS

JUNE 19-23, 2017 • 9AM-NOON

STUDENT REGISTRATION FORM (DUE JUNE 1)

VBS is open to students entering Pre-K4 through 5th grades. Students who have completed 5th grade may register as volunteers.

Parents/Guardians Full Name/s _____ Primary phone # _____

Address _____ City & State _____ Zip _____

Primary email address _____

STUDENT/S INFORMATION

Name	Grade 2017-18	DOB	T-shirt size	Medical Needs/Food Allergies
1. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____
2. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____
3. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____
4. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____
5. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____
6. _____	_____	_____	YS/YM/YL/S/M/L/XL/XXL	_____

Registration fees: **First child: \$35**
 Each additional child: \$10 (\$65 maximum)

OFFICE USE ONLY

Fee: _____ Check no. _____

EMERGENCY CONTACTS (other than parent/guardian)

Name	Phone #	Relationship to student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WITH WHOM MAY STUDENT/S LEAVE CAMPUS? (other than parent/guardian)

Name	Phone #	Relationship to student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby give permission to call 911 in the event of a medical emergency.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian

I give my permission for my child/children to be photographed, videotaped, and/or interviewed by authorized staff. These photos, videos, and/or interviews may be published in any form and for the purposes of public relations announcements, internet sites, printed publications, or other articles used by authorized staff. If a student will be identified in a picture, video or interview, parents/guardians will be contacted for permission prior to publication.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian