

ST. ANDREW'S EPISCOPAL CHURCH
VACATION BIBLE SCHOOL REGISTRATION FORM
AUGUST 11-15, 2008 8:00 AM - 12:00 NOON

CONTACT INFORMATION:

Parent, Grandparent, or Guardian _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email Address _____

In case of emergency (when parent/grandparent/guardian cannot be reached) please contact:

Name _____ Relationship to child _____

Telephone _____ Cell Phone _____

STUDENT #1 Name _____ Nickname _____

Birth date (mm-dd-yyyy) _____ Grade as of Sept 08 _____

Allergies/Medical conditions: _____

STUDENT #2 Name _____ Nickname _____

Birth date (mm-dd-yyyy) _____ Grade as of Sept 08 _____

Allergies/Medical conditions: _____

STUDENT #3 Name _____ Nickname _____

Birth date (mm-dd-yyyy) _____ Grade as of Sept 08 _____

Allergies/Medical conditions: _____

I give permission for my child(ren) to participate in Vacation Bible School at St. Andrew's Church. I will be responsible for delivering and picking up my child(ren) unless I send a note giving permission for another person to do this. I do/do not give permission for photographs of my child (no names) to be used in local newspapers and on the St. Andrew's website.

Signature of Parent/Grandparent/Guardian _____ **Date** _____

To Register: Return completed form and \$15.00 per child to the church by July 31, 2008. Confidential scholarships available. Please make checks payable to: "St. Andrew's Church - VBS".

We look forward to welcoming your child(ren) to Vacation Bible School this summer.

St. Andrew's Episcopal Church, 7 Faulkner St., Ayer, Massachusetts 01432-1611
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