

**Cost**

**\$40 per child**

**A \$5 late fee will be added  
for registrations received  
after July 27, 2018**



**Please fill out a separate  
Registration Form for each child.  
# Of children \_\_\_\_\_  
Payment total \$ \_\_\_\_\_  
Check # \_\_\_\_\_**

**Church of Saint Augustine Vacation Bible School  
REGISTRATION FORM**

Child's Name \_\_\_\_\_ T-Shirt Size Youth/Adult XS S M L

Grade in September 2018 \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone # During VBS Time \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Church/Parish (If applicable) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies/Medical Issues/Special Instructions \_\_\_\_\_

Person(s) Authorized to Pick Up Child \_\_\_\_\_

Emergency Contact if Parent/Guardian Can't Be Reached \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**I give my permission to the staff to seek medical attention for my child if necessary, while participating in all Hero Central activities. I understand that all necessary precautions will be taken to ensure my child's safety. I will not hold the church, its staff or those supervising liable.**

**I give permission for my child to be photographed or videoed for any lawful purpose associated with this VBS.**

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Please MAIL the Registration Form & payment to: St. Augustine PARISH OFFICE, 140 Maple Ave, New City, NY 10956 ATTN: VBS. Make checks payable to St. Augustine Church. Please DO NOT submit your registration form and payment to the Religious Education Office.**