

ST. CHRISTOPHER PARISH VACATION BIBLE SCHOOL

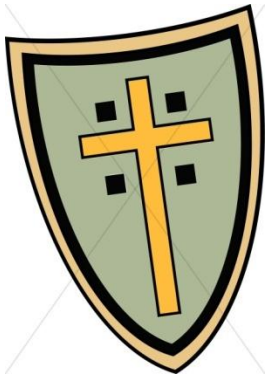
Putting on the Armor of God

Ephes. 6:14-18

July 19 – 23

8:30 am – 12:30 pm

(Open to Grades K – 5th Grade, Sept. 2021)



FEE: \$25.00 per child/\$45 per family

(Please mail with this form)

*****Register by July 15, 2021*****

PLEASE DO NOT SEPARATE THIS FORM

REGISTRATION FORM *(Please Print)*

FAMILY NAME _____ MOTHER _____ FATHER _____

ADDRESS _____ CITY: _____ ZIP _____

PHONE# _____ CELL# _____ EMAIL: _____

IN CASE OF EMERGENCY CONTACT _____

1. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2021 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

2. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2021 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

3. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2021 _____

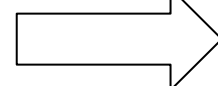
ALLERGIES OR OTHER MEDICAL CONDITIONS _____

4. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2021 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

Make check payable to:
St. Christopher Church VBS
2660 Niagara Falls Blvd.
Tonawanda, NY 14150

**PLEASE COMPLETE
BACK OF FORM**



CONSENT AND RELEASE VACATION BIBLE SCHOOL 2021

Please complete the following form.

I _____, the parent/guardian
(Please print your name) (Circle one)

give St. Christopher Parish permission to use my child’s photograph, video image, sound recording, and/or work for use in promoting St Christopher Vacation Bible School. I realize that the photo may be used in the bulletin, on the website, the parish’s Facebook, Instagram, or Twitter accounts or any other publication

_____ I hereby do give permission for my child’s [Children’s] to be photographed for the above stated purposes.

_____ I do not give permission to the above and will explain to my child the reason they will not participate in photos.

Please print

Student’s name/grade _____

Student’s name/grade _____

Student’s name/grade _____

Student’s name/grade _____

Student’s name/grade _____

Release of Name: If you gave permission for us to use photos

VBS Students (check one):

_____ I **do** give permission for the use of my child’s last name and names of other family members.

_____ I **do not** give permission for the use of my child’s last name and names of other family members.

Parent or Guardian Signature/Date