

ST. CHRISTOPHER PARISH VACATION BIBLE SCHOOL



CAMP SON RISE



July 18 – 22, 2022
9:00 a.m. — 12:30 p.m.
St. Christopher School
2660 Niagara Falls Blvd

\$10.00 per child/\$15 per family
Grades K to Grade 6 (Fall 2022)

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/2022 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

2. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2022 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

3. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2022 _____

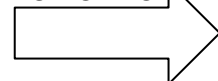
ALLERGIES OR OTHER MEDICAL CONDITIONS _____

4. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2022 _____

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 2022

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