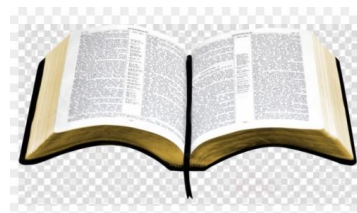


ST. CHRISTOPHER PARISH BIBLE CAMP

Explore the Bible



August 2 – 6, 2021

8:30 am – 12:30 pm

(Open to Grades 5 – 7 Grade, Sept. 2021)

*Each student will receive
a bible to use and keep*

Fee: \$40 per student
(Please mail with this form)
*****Register by July 26, 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 _____

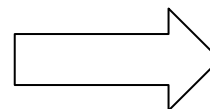
4. CHILD'S NAME _____ AGE: _____ GRADE IN SEPT/2021 _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

*You will need to supply a
snack, water bottle and
a rug/yoga mat to sit on.*

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