

VBS REGISTRATION (Sunday July 12-Thursday July 16)

Welcoming Kids ages 4-14... younger toddlers may enjoy the adventure with a parent; older youth may wish to volunteer as an assistant staff member!

Child's Name _____ Age _____

Child's birthdate ____/____/____ Last school grade _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone – home (____) _____ cell (____) _____

Home email address _____

Home church _____

About your child:

Allergies or other medical conditions: _____

Other authorized adult to pick up your child? _____

Phone numbers: (____) _____ (____) _____

Relationship to child: _____

I give permission for my child to participate in the Vacation Bible School program offered free-of-charge by Trinity Episcopal Church of Melrose, Florida. I understand the volunteer staff will be providing a meal, snacks, music, crafts, dramatic enactments, and Biblical teachings. I agree to monitor my child's interaction as necessary, and to be present for the Finale each night at 8:00 PM.

Date _____

Signature _____