



st. david's episcopal church  
June 27-30  
9:30-12:30  
\$45 per child

## VBS Registration Form

Chef's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Home Church (if any) \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

**Special Needs/Allergies/Medical Information/Other:** \_\_\_\_\_

**Yes, I can help out with VBS! Please contact me with information.**

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

**Photo Release:** St. David's Episcopal Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Scholarships are available. Contact [vbs@sdlife.org](mailto:vbs@sdlife.org).

--- (for church use only) -----

Assigned to Chef Group: \_\_\_\_\_

email a copy of this form to [vbs@sdlife.org](mailto:vbs@sdlife.org)