

ST. MICHAEL'S EPISCOPAL CHURCH  
REGISTRATION FOR VACATION BIBLE SCHOOL

July 11-15, 2011

9 am to noon

one form per child, please.

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ M/F

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

My child (mark only one)

\_\_\_\_ Will be 3 by Aug 1

\_\_\_\_ has completed Grade 2

\_\_\_\_ Will be 4 by Aug 1

\_\_\_\_ has completed Grade 3

\_\_\_\_ Will be 5 by Aug 1

\_\_\_\_ has completed Grade 4

\_\_\_\_ has completed Kindergarten

\_\_\_\_ has completed Grade 5

\_\_\_\_ has completed Grade 1

\_\_\_\_ has completed Grade 6 (will be helper)

Any allergies to food or bee stings? No Yes (if yes please list) \_\_\_\_\_

Registration fee \$10/ Scholarships available.

This year's Regional VBS will be held at St. Paul's Episcopal Church in Lee's Summit.

THIS FORM & YOUR CHECK MADE OUT TO ST. MICHAEL'S IS YOUR REGISTRATION.

PLEASE TURN THE FORM IN AS SOON AS POSSIBLE to St. Michael's church office.

My child needs transportation to/from VBS? circle one Yes No

If yes, I give my permission to a St. Michael's staff member/VBS volunteer to take my child from home to VBS/ from VBS to home as indicated above.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
daytime phone

To whom it may concern: I give my permission to a St. Michael's staff member/VBS volunteer to take my child to the hospital/physician listed below, and/or other facility for emergency treatment while he/she is attending St. Michael's Vacation Bible School July 11-15, 2011.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
daytime phone #

\_\_\_\_\_  
Name of physician

\_\_\_\_\_  
phone

\_\_\_\_\_  
hospital

Put completed form and check in Church office door message box or mail to St. Michael's 4000 Lee's Summit Rd, Independence, MO 64055. Church # 373-5333