



SJB Vacation Bible School Registration Form

Please turn form into the Faith Formation Office

Child's Name: _____

Child's Age: _____ Grade 2017-18: _____

Parent's Name: _____

E-mail address: _____

Cell Number: _____ Work Number: _____

SJB Parishioner: _____

STA Parishioner: _____

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Emergency Contact (in case we can't reach you):

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_  
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Please indicate if your child has any allergies or dietary restrictions: _____

(Please check this box if you agree) I consent that St. John the Baptist may use photos, videos and other visual or audio reproductions of my child(ren) to help promote St. John the Baptist VBS. I release the staff, volunteers, etc. of St. John the Baptist from any liability connected with the use of my child(ren)'s photo/video.