



Vacation Bible School 2017 - St. Mark's Episcopal Church

June 5-8

9.00am - 12.00noon

ALL FIELDS MARKED WITH A RED ASTERISK (*) ARE REQUIRED FIELDS

* Child's Full Name: _____
(first) (last)

* Name child prefers to be called: _____

* Date of Birth: ____/____/____
(MM) (DD) (YYYY)

* Grade entering Fall 2017: _____

School: _____

* Child's gender: (M) (F)

* Child's T-shirt size: YXS YS YM YL S M L XL

* Any food allergies?: (Y) (N)

If yes, please explain: _____

* Any medical allergies?: (Y) (N)

If yes, please explain: _____

* Any medical conditions that we need to be aware of?: (Y) (N)

If yes, please explain: _____

* Will any medicines need to be stored / accessed for VBS?

If yes, please explain: _____

* Parent / Guardian #1:

* full name: _____
(first) (last)

* contact phone number: _____

alternate phone number: _____

* e-mail address: _____

Parent / Guardian #2 (optional):

full name: _____
(first) (last)

contact phone number: _____

alternate phone number: _____

e-mail address: _____

* Emergency Contact:

* full name: _____
(first) (last)

* contact phone number: _____

alternate phone number: _____

* relationship to child: _____

Church home (if any): _____

VBS fee of \$20/child (family max of \$40) is due at registration. You can pay on-line or with cash, credit card, or check.

Check or cash attached (payable to St. Mark's with VBS 2017 in 'comment' section)

Pay by credit card

Credit card holder information:

Name: _____ Billing Street Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____

I authorize a one-time charge against my credit card for the following amount \$ _____

Credit Card Type: Mastercard Visa Discover

Card Number: _____ Expiration: _____ CVV#: _____

Signature: _____ Date: _____