

St. Anne VBS
PK4 thru 5th Grade,
Fall 2017

June 12th-16th, 2017
9:00 a.m. – Noon



Number of children registering for VBS? _____

Child #1 - \$75

Last Name _____
First Name _____
Gender _____ Age _____
Birth Date _____
Grade Fall 2017 _____
T-Shirt Size _____
Youth or Adult (S,M,L) _____
Allergies _____
Special Needs _____

Child #2- \$75

Last Name _____
First Name _____
Gender _____ Age _____
Birth Date _____
Grade Fall 2017 _____
T-Shirt Size _____
Youth or Adult (S,M,L) _____
Allergies _____
Special Needs _____

Child #3 - \$75

Last Name _____
First Name _____
Gender _____ Age _____
Birth Date _____
Grade Fall 2017 _____
T-Shirt Size _____
Youth or Adult (S,M,L) _____
Allergies _____
Special Needs _____

Checks Payable to: **St. Anne Catholic Community or you can pay by credit card online.**

Parent Information

Last Name _____ First Name(s) _____
Street Address _____
City _____ ZIP _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____
Can Mother volunteer? (Please circle) yes no Can Father volunteer? (Please circle) yes no

Medical Information

Physician's Name _____ Hospital Name _____
Physician's Phone _____ Hospital Phone _____
Physician's Address _____
Insurance Carrier _____ ID Numbers:
Name of Insured _____ Child #1 _____
Group Number _____ Child #2 _____
Verification Phone # _____ Child #3 _____
Emergency Contact (other than parent)
Name _____ Relationship _____ Phone _____

Permission

I give permission for my child(ren) to be treated and/or transported by ambulance to the above hospital or the closest hospital in the event of an emergency. I give my permission for my child to be photographed during Vacation Bible School.

Signature _____ Date _____

I give my consent that my child(ren) can be photographed/videoed for use in St. Anne publications and/or St. Anne website.

Signature _____ Date _____

I will bring to the Hospitality Room (St. Elizabeth in St. Basil 1st Floor, next to the nursery):

Muffins/Donuts Fruit Cookies Chips/Dip Vegetables Cheese/Crackers Drinks (Soda or Juice)

On: Monday Tuesday Wednesday Thursday **(Please circle Day/Days)**

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| <p><u>Please mail form to:</u> Scott Harr CCE – Children Religious Education 2140 Westheimer, Bldg. H Houston, TX 77098</p> |
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