

**St. Anne VBS**  
**PK4 thru 5<sup>th</sup> 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 1<sup>st</sup> 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)**

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