

Registration Form

Vacation Bible School

July 8-12, 2018 / 5:30 pm. - 8:30pm



Regular Registration Deadline June 30, 2018

Pre-K: 3 - 4 year olds/ Elementary: K-5th Grade

Volunteer: 6th Grade and Older

To Reserve Your Spot: Mail your completed Registration Form (front and back) and Payment to St. Ann's--Vacation Bible School, 105 S. Snead St., Ashland, VA 23005

Email questions to: juliehendricks@stannsc.org

Parents: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Home e-mail address: _____

In case of emergency, contact: _____

	Name	Number

Child Participants, Youth Volunteers, or Adult Volunteers (please fill out all that is applicable)

1. ___ Participant ___ Volunteer Name: _____ Date

of birth: _____ Last school grade completed: _____

Allergies or other medical conditions: _____

If volunteer, name area in which you want to help : _____

2. ___ Participant ___ Volunteer Name: _____ Date

of birth: _____ Last school grade completed: _____

Allergies or other medical conditions: _____

If volunteer, name area in which you want to help : _____

3. ___ Participant ___ Volunteer Name: _____ Date

of birth: _____ Last school grade completed: _____

Allergies or other medical conditions: _____

If volunteer, name area in which you want to help : _____

4. ___Participant ___Volunteer Name: _____ Date
of birth: _____ Last school grade completed: _____
Allergies or other medical conditions: _____
If volunteer, name area in which you want to help : _____

5. ___Participant ___Volunteer Name: _____ Date
of birth: _____ Last school grade completed: _____
Allergies or other medical conditions: _____
Name of a special friend your child might like to be with: _____

6. ___Participant ___Volunteer Name: _____ Date
of birth: _____ Last school grade completed: _____
Allergies or other medical conditions: _____
If volunteer, name area in which you want to help : _____

7. ___Participant ___Volunteer Name: _____ Date
of birth: _____ Last school grade completed: _____
Allergies or other medical conditions: _____
If volunteer, name area in which you want to help : _____

FEES:

- Child participant Fee (3 years to 5th Grade) plus meals **\$20.00**
- Meals for additional family members and for VBS Volunteers **\$10.00**
 - Shipwrecked - Music CD **\$7.00**

(Please make checks out to St. Ann's, and put VBS in memo)

Of Child Participants _____ X **\$20.00** = _____

**# Of Family Members or
Volunteers for Meals** _____ X **\$10.00** = _____

Add Music CD X **\$7.00** = _____

TOTAL DUE: _____

