

# 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](mailto:juliehendricks@stannsc.org)

Parents: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

	Name	Number
<b>Child Participants, Youth Volunteers, or Adult Volunteers</b> (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 : \_\_\_\_\_

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### 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:** \_\_\_\_\_

