"Fishing With The Master"
St. Peter's Vacation Bible School
2009 Registration Form

Parent / Guardian Information:

Name(s) _____
Address _____

Email _____
Phone _____ home _____ cell ____ _____

Will you and/or a family member be participating with your child(ren)?

Yes_____ No _____ # of adults participating _____

CHILD 1

Name_____, _____ Age____ Birth Date ____/___ / ___
Allergies/concerns _____

CHILD 2

Name_____, _____ Age____ Birth Date ____/___ / ___
Allergies/concerns _____

CHILD 3

Name_____, _____ Age____ Birth Date ____/___ / ___
Allergies/concerns _____

VACATION BIBLE SCHOOL 2009 PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of_____,_____, give my permission for participation in the 2009 Vacation Bible School activities of St. Peter's Episcopal Church of Bon Secour, AL. In the event of an accident or illness, I hereby grant permission to a staff member to act as an agent for me to consent to medical examination, treatment, or to administer first aid for minor problems.
Parent/Guardian:_____,_____Date:_____

PHOTO PERMISSION AND RELEASE FORM

We take every opportunity to capture St. Peter's precious children on film. Your signature is required to use your child(ren)'s photos, as well as any photos that may be taken of you, for St. Peter's publications. Including but not limited to our website, newsletter, brochures, and other community publications.
Parent/Guardian: _____ , _____ Date:_____

To help us ensure we have an accurate count for meals, crafts, and materials please return this form to Miss Michelle or Miss Bridgette by July 12th.