



# VACATION BIBLE SCHOOL REGISTRATION FORM

6055 Azle Avenue  
Fort Worth, TX 76135  
817-237-1888  
stannesfw.org

**July 11 to July 15, 2022**  
5:30 P.M. to 8 P.M.  
For children ages 3 thru 12

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

By providing an email address, we can notify you about next year's VBS, etc.

Person authorized to pick up child other than parents: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Any food allergies or other information we should know about your child? \_\_\_\_\_

T-shirt size:  Small     Medium     Large     X-Large    **Register additional children on the back.**

### How did you find out about VBS at St. Anne's?

- I attend St. Anne's     Sign     Friend/relative
- Website     Other \_\_\_\_\_

### How can we help you and your family?

- Send me information about St. Anne's Church.
- Please have Father Roger Grist contact me.
- Prayer Requests/Other: \_\_\_\_\_

### Parental Consent

**General permission and medical consent:** I give permission for my child(ren) to attend Vacation Bible School at St. Anne's Church. In case of illness or accident, I give permission to have my child(ren) evaluated and treated by available medical personnel. I understand that a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; notwithstanding, the adults in charge have permission to authorize any medical care which, in their judgment, they deem necessary and to sign any medical forms necessary on my child(ren)'s behalf and I do hereby release The Episcopal Diocese of Fort Worth, St. Anne's Church and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

**Photo consent:** I give my permission for photos to be taken of my child(ren) during VBS and for these photos to be used by St. Anne's Church in advertising.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child 2: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Any food allergies or other information we should know about your child? \_\_\_\_\_

---

T-shirt size:  Small       Medium       Large       X-Large

---

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Any food allergies or other information we should know about your child? \_\_\_\_\_

---

T-shirt size:  Small       Medium       Large       X-Large

---

Child 4: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Any food allergies or other information we should know about your child? \_\_\_\_\_

---

T-shirt size:  Small       Medium       Large       X-Large

---

Child 5: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Any food allergies or other information we should know about your child? \_\_\_\_\_

---

T-shirt size:  Small       Medium       Large       X-Large