



VACATION BIBLE SCHOOL REGISTRATION FORM

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

June 24 to June 28, 2024
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.
- Have Father DeWayne Adams 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