

St. Aidan's Episcopal Church 2011 Vacation Bible School Registration

There is a registration fee of \$15 for the first child and \$12 for each additional child
(*\$40 cap for a family or group needing to register more than 3 children*)

Parent's Names _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 Home Church if not St. Aidan's _____
 Emergency Contact _____ Emergency Phone _____

Parent Volunteer Opportunities

Are parents willing to volunteer to help in our program: Yes _____ No _____

If yes, please indicate area of interest:

Dinner Prep/Serving _____ Station Leader _____ Station Asst. _____ Crew Leader _____ Crew Asst. _____ Nursery Care _____
 Adult T-Shirt Size: AS _____ AM _____ AL _____ AXL _____ AXXL _____ I do not want to receive a T-Shirt _____

Child(ren) Information

| | Child 1 | Child 2 | Child 3 | Child 4 |
|-----------------------|---------|---------|---------|---------|
| First Name | _____ | _____ | _____ | _____ |
| * Age | _____ | _____ | _____ | _____ |
| Current School Grade | _____ | _____ | _____ | _____ |
| Allergies/ Conditions | _____ | _____ | _____ | _____ |
| ** Child T-Shirt Size | _____ | _____ | _____ | _____ |

* Children must be 4 years old to attend

** Youth sizes available are: YS YM YL YXL AS AM AL AXL

Dinner will be served each night after camp. Please indicate what nights your child(ren) will be attending and the total number of family members.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Number of family members _____

This registration form and payment must be received by May 20th for your child(ren) to be placed on the VBS roster.

There will be a \$10 late fee for all registration forms received May 9th – May 20th. Please mail form and check to:
St. Aidan's Episcopal Church, Vacation Bible School, 13560 Cogburn Road, Milton, GA 30004

Medical Release

In the event of an emergency, I hereby give permission for my child to be transported to a hospital for medical attention.

Parent/Guardian Signature _____

Photo Release

Throughout the week of VBS, photographs will be taken of all children and used to create a VBS memory CD, available for purchase, and also possibly placed on St. Aidan's website.

I give permission for my child to be photographed and for these to be used for these publication purposes. Yes _____ No _____