

## St. Aidan's Episcopal Church Vacation Bible School

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

Parents' Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 # of Family Members Participating: \_\_\_\_\_  
 Home Church if not St. Aidan's: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_

Dinner will be served each night after camp. Please indicate what nights you will be attending.

Monday  Tuesday  Wednesday  Thursday  Friday

### Parent Volunteer Opportunities:

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

Areas of Special Interest: \_\_\_\_\_

Adult T-Shirt Size: AS  AM  AL  AXL  AXXL

### Child Information:

	Child 1	Child 2	Child 3	Child 4
First Name:				
* Age:				
Current School Grade:				
Allergies or other 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

Additional Information: \_\_\_\_\_

This registration form and payment must be received by May 16th for your child/children to be placed on the VBS roster.

There will be a \$10 late fee for all registration forms sent/received after May 16th.

A full refund is available, if needed, up until May 16th. No refunds will be given after this date.

Please mail form and check to: St. Aidan's Episcopal Church  
 Vacation Bible School  
 13560 Cogburn Road  
 Alpharetta, GA 30004

Office Use	
Check _____	Cash _____
Date _____	