

REGISTRATION FORM

VBS 2010

July 26th-30th

9:00am-12:15pm

Deadline: Sunday, July 11th



Children Prek4-5th grade (fall 2010) are invited to register.

Child's Name: _____

Address: _____

City _____ State _____ Zip Code _____

Grade Level—Fall 2010: (Prek4-5th) _____ Phone No. _____

E-Mail Address: _____

Parent or Guardian: _____

T-SHIRT SIZE: SMALL MEDIUM LARGE ADULT MEDIUM
(circle one)

I give permission for my child to be photographed and/or videotaped during the event. I will not hold St. Thomas the Apostle and/or volunteers liable for any injuries sustained during this event.

I understand there is a **\$35.00 fee per child** to participate in the VBS 2010 Program. Payment may be made by check or cash. (Make checks payable to St. Thomas Church.)

Fee(s) are non-refundable.

Signature Parent/Guardian: _____

Date: _____

St. Thomas the Apostle Episcopal Church
18300 Upper Bay Road
Nassau Bay, Tex 77058
281-333-2384
Patty.henderson@stthomaspiscopalchurch.org

**Registration requires
the back of this form
to be completed.**

MEDICAL RELEASE & PERMISSION FORM

St. Thomas the Apostle Episcopal Church will always make every effort to reach the parent or guardian of children who are ill or require any kind of emergency medical attention. Since, however, it is not always possible to reach parents or guardians on short notice, we recommend that they provide the church with consent to seek hospital emergency room treatment.

I hereby give my permission for St. Thomas the Apostle Episcopal Church to take my child _____, to a hospital emergency room for treatment if the church is unable to reach me when the decision must be made.

EXCEPTIONS: _____

Signature: _____ Date: _____

Relationship to Child: _____

Do you have a church home? YES NO

Mother's Phone Numbers:

Home: _____ Work: _____ Cell: _____

Father's Phone Numbers:

Home: _____ Work: _____ Cell: _____

Guardian's Phone Number:

Home: _____ Work: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

DOCTOR: _____ **PHONE:** _____

PLEASE LIST ANY ALLERGIES OR OTHER CONDITIONS WE NEED TO BE AWARE OF WHILE YOUR CHILD IS IN OUR CARE.
