

ALL SAINTS EPISCOPAL CHURCH
VACATION BIBLE SCHOOL REGISTRATION FORM

3837 West Seven Mile Road, Detroit, MI 48221

Name of Child _____ Girl ____ Boy ____

Birth Year _____ List one friend attending VBS _____

Grade in School: Kindergarten ____ Elementary ____ Middle ____ High School ____

Name of church you attend _____ Do not attend church _____

Name of Parent(s)/Guardian _____

Address _____ City/State/Zip _____

Contact Phone _____ Other _____

E-mail Address _____

Person(s) other than parent/guardian to be notified in case of emergency or authorized to pick child up when parent/guardian are unavailable. ID is required.

NAME

RELATIONSHIP

PHONE

1: _____

2: _____

Allergies/Special Instructions _____

My child _____ is in good physical condition at present and has had no serious illness or operation since his/her last health examination. I will make sure he/she does not attend if he/she is not feeling well.

In the event of an emergency or non-emergency situation requiring medical treatment for (child's name) _____ as a result of participation with All Saints Episcopal Church, every reasonable effort will be made to contact the person(s) listed on this form. If unsuccessful in contacting (person(s) listed consent permission is given for treatment by qualified medical personnel.

Parent/Guardian _____ Date _____

The return of this form, prior to the starting date, to the address below is greatly appreciated.

All Saints Episcopal Church, 3837 West Seven Mile Road, Detroit, MI 48221

Phone: (313) 341-5320 Fax: (313) 341-5321 E-mail: allsaintsdetroit@sbcglobal.net