



# 2018 Vacation Bible School Registration Form

August 14, 15, and 16, 9 AM to 11:30 AM

St. Mary's-in-Tuxedo Episcopal Church  
10 Fox Hill Road; Tuxedo, NY 10987

Child's Name: \_\_\_\_\_ (Please submit one form for each child.)

Entering which grade? \_\_\_\_\_ (open to children entering 1<sup>st</sup> through 5<sup>th</sup> grade)

Birthday: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_ ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_ ) \_\_\_\_\_

Food Allergies: No Yes - If yes, list: \_\_\_\_\_

Medical Concerns: No Yes - If yes, explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: ( \_\_\_ ) \_\_\_\_\_

Siblings Attending VBS (Names and Ages):

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Person(s) Name(s) Who May Pick up the Child:

1. Name: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Vacation Bible School (VBS) leaders have permission to photograph/film the child(ren) designated above for posting on the St. Mary's website and Facebook page.       Yes       No

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun as they learn!

Contact the St. Mary's office at (845) 351-5122 with any questions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this **registration form** and a **copy of your child's immunization record** to:

St. Mary's-in-Tuxedo Episcopal Church  
P. O. Box 637  
Tuxedo, NY 10987