



Episcopal Church of All Saints and Ascension
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Saint Louis, Missouri 63121
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VACATION BIBLE SCHOOL REGISTRATION FORM

JULY 9-13, 2018, 9:00am-2:00pm

Theme: 24/7: Jesus Makes A Way Every Day

Child's Last Name

First Name

Nick Name

Parent's/Guardian's Last Name

First Name

Address

Postal Code

Home Phone

Work/Cell Phone

Allergies/medical information, or other concerns: _____

In case of immediate medical emergency, I prefer that my child be transported by ambulance to _____ Hospital. I understand that I will be responsible for the cost of transporting my child to the hospital and for the cost of the medical care.

(Continued on Back)

Emergency Contacts:

1. _____
Last Name *First Name* *Telephone Number* *Relationship*

2. _____
Last Name *First Name* *Telephone Number* *Relationship*

Individuals authorized to pick up your child:

1. _____
Last Name *First Name* *Telephone Number* *Relationship*

2. _____
Last Name *First Name* *Telephone Number* *Relationship*

I hereby grant permission for the above named child to participate in the Vacation Bible School at the Episcopal Church of All Saints and Ascension during the week of July 9 to 13, 2018. I will not hold the church responsible for any accidents that may occur while attending.

Parent/Guardian Signature