

# Vacation Bible School

Join us

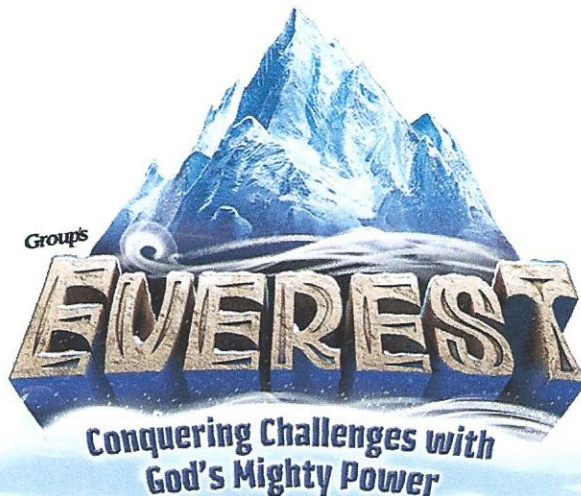
**June 22 thru June 26**

**6:00 p.m. – 8:30 p.m.**

**Grs K thru 6**

## Registration

One Per Family



**FAMILY NAME**

\_\_\_\_\_

YOUTH NAME (Please Print Clearly)	AGE/GRADE	ALLERGIES/LIMITATIONS (Physical or Learning)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Emergency Numbers: HOME PHONE \_\_\_\_\_

CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_



**God's has the power to provide!**

I give permission for my youth to take part in Vacation Bible School. I further will not hold the church or any provider responsible for any injuries or accidents that may occur. In case of an emergency, I give my permission for you to take necessary action and to transport my child to and from destinations away from Our Lady of the Lake.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*DEADLINE FOR REGISTERING IS Sunday, June 7th \*\***  
**!!! DONATIONS APPRECIATED !!!**

