

Vacation Bible School

JUNE 24TH - 28TH

Grades K thru 6

6:00 - 8:30 PM



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. _____

- _____
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- _____
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Parent's Signature _____ Date _____

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.

**To sign up or to volunteer, please contact:
Sonya Lewis: 205-863-7305 or
Matthew Brazzolotto: 205-369-0871.**