



St. Thomas' Episcopal Church Vacation Bible School Summer 2024 Registration Form

Child(ren) Name(s)	Date of Birth	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

Home Church _____

List child's name and any allergies/medical information/other important information you wish us to know: _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Photo Release: I give permission for my child/ children listed on this form to be photographed or videotaped while attending Vacation Bible School at St. Thomas Episcopal Church, Glassboro. I understand that such visual images will become the property of St. Thomas and may be used for public relations or publicity. **Please circle: Yes or No**

Name of parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____