

# OLBS Vacation Bible School Registration

|                       |                  |
|-----------------------|------------------|
| Child's name _____    |                  |
| Grade completed _____ | Age _____        |
| Mother's name _____   | Cell phone _____ |
| Father's name _____   | Cell phone _____ |

|  |
|--|
| Food allergies _____                   |
| Other allergies or special needs _____ |

|   |                  |
|---|------------------|
| Person(s) authorized to pick up child _____     |                  |
| Relationship to child _____                     |                  |
| Emergency contact if parent not available _____ |                  |
| Relationship _____                              | Cell phone _____ |

I understand that all necessary precautions will be made for the safety of my child. I will not hold the Diocese of Richmond, the Church, staff or volunteers liable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I give my permission for my child to be photographed or videotaped for use in Church publications, including website and Facebook pages.

\_\_\_\_\_ I do not give my permission for my child to be photographed or videotaped