



# Mar Thoma Congregation Dublin South - Sunday School

## VACATION BIBLE SCHOOL REGISTRATION FORM

Child's Name:.....(One form per child please)

Grade:..... Birthday:...../...../.....Age:.....

Parent's Name(s):...../.....

Home Address:.....

.....

.....Eircode.....

Emergency Contact Person:.....Relationship to Student:.....

Food Allergies:  Yes  No - If yes, list:.....

Medical Concerns:  Yes  No - If yes, explain:.....

Siblings Attending VBS (Names and Ages):

1.Name.....Age.....

2.Name.....Age.....

3.Name.....Age.....

Person(s) Name(s) Who May Pick up the Child:

1.Name.....Phone.....

2.Name.....Phone.....

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

I consent to the photographing or video recording of my children during their participation in this VBS

Yes

No

Parent Signature:.....

Date.....