



Vacation Bible School Family Registration Form

Dates: **August 6-10 from 9:00 am to 12:30**

Place: Our Lady of Pompeii Campus
355 Foxon Rd East Haven, Ct 06513

**Please return registration to
Either Office or Collection Baskets
By Sunday July 8th**

Contact: Sally Mucka 203-467-6395

Fee: \$25.00 per child

Who: Students in Grades Prek-6

Register Soon Space is limited



Parent/ Guardian Name: _____

Address: _____

Cell Phone: _____ Home: _____

Email: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

T-Shirt Size

Child 1 Name: _____ Age: _____ Grade: _____ YS YM YL or Adult Small

Allergies/Special Needs: _____

Child 2 Name: _____ Age: _____ Grade: _____ YS YM YL or Adult Small

Allergies/Special Needs: _____

Child 3 Name: _____ Age: _____ Grade: _____ YS YM YL or Adult Small

Allergies/Special Needs: _____

Photo Permission- During VBS, we will be taking candid and group photos of everyone as they participate in our faith adventure. The photos may be posted to our Website. We never Publish names of our students.

I give permission for group and/or individual photos of my child(ren). Yes _____ No _____

Parent/Guardian Signature

Date