



**CHRIST OUR SAVIOR PARISH**  
**764 Fifth Street**  
**Struthers OH 44471**  
**Telephone: 330-755-6245**  
**2018 VACATION BIBLE SCHOOL**  
**REGISTRATION FORM**

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Age Information:

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies/Medical Information/Other

\_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Dismissal Information (Name(s) of person(s) who may pick up this child from VBS

Name \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby  **Grant**  **Do Not Grant** permission for Christ our Savior to use picture of my child  
\_\_\_\_\_ on it's website for informational or promotional purposes.

Parent/ legal Guardian (print name) \_\_\_\_\_

Parent/ Legal Guardian (signature) \_\_\_\_\_

