

Date: _____

Registration Form
Saint Mark's Vacation Bible School
2151 Dorset Rd. Columbus, Ohio 43221

SaintMarksColumbus.org

Child's Name _____

Birthdate _____ Age _____ Grade (Next school year)

Allergies, health concerns _____

T-Shirt size (circle one): S M L

Child's Name _____

Birthdate _____ Age _____ Grade (Next school year)

Allergies, health concerns _____

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Child's Name _____

Birthdate _____ Age _____ Grade (Next school year)

Allergies, health concerns _____

T-Shirt size (circle one): S M L

Fees: \$30/student; Maximum/family: \$50

Parent (s) / Guardian (s) -

Address

Phone (Home) _____ Cell _____

Email

I am willing to: _____ Assist teachers; _____ Volunteer

Have you remembered to:

- Fill out a **Health and Wellness** form and a **Media Release** form (to register your preferences on the use of photography) for each child listed above or an **Adult Participation** form for yourself?
- Sign-up with Constant Contact at www.SaintMarksColumbus.org for important updates and formation?
- Put Church School for this Fall and the annual Christmas Pageant on your calendar?