



Vacation Bible School 2024 — Registration Form

St. Michael the Archangel Maronite Church
806 Arsenal Ave, Fayetteville, NC 28305 / stmikeccd@gmail.com

Jul 29—Aug 2, 2024 ~ From 9:00 am - 2:00 pm

Child's Name: _____

Age: _____ Date of Birth: ____/____/____ T-Shirt Size: _____

Home Address: _____

City: _____ State: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: (____) _____ - _____

Parent/Guardian Email Address: _____

Does your child have any allergies (ex: food, environmental, pets, etc.)? Yes _____ No _____

If yes, please specify: _____

Does your child have any special needs of which we should be made aware? Yes _____ No _____

If yes, please specify: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Telephone Number (____) _____ - _____

I grant permission for my child to attend St. Michael the Archangel Maronite Church Vacation Bible School. I am aware that in the event of an emergency, I will be contacted and expected to be available. If I am unavailable, my emergency contact person will be available. Overall, I am placing the well-being of my child in the care of the St. Michael VBS staff while he/she is attending the weeklong program. I trust the judgment of the staff when it comes to the health and safety of my child and will not hold St. Michael VBS and its constituents liable.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/2024