



**Our Lady of Grace
 Vacation Bible School
 Registration Form 2018
 Rising K-5th Grade**

Family Last Name _____ Email _____

Street Address _____ City/State _____ Zip _____

Father _____

Mother _____

Parent's Name

Cell phone #

Home Phone #

Child's Name	M/F	School	Grade	T-Shirt Size	Parishioner of OLOG Y/N	Comment: Identify any health issues (allergies, disabilities, medications)

I give permission for my child to be photographed. These pictures may be used in publications or on OLOG social Media. No identifying information will be used: Initial _____