

**The Episcopal Churches of Ascension and St. Mary's  
2017 Vacation Bible School Registration  
(located at Church of the Ascension, 1 Kingsley Ave)**

Camper's Name \_\_\_\_\_  
**(1 child per form, please)**

Camper's Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School attending \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Known allergies, special needs or concerns \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email **(Required)** \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Who will pick up your child? \_\_\_\_\_ Phone \_\_\_\_\_

**Photo Release:** I give permission for photographs and/or videos of the person listed above as camper's name to be used in print, on the internet and all other forms of media. I also hereby release Church of the Ascension/St. Mary's Episcopal Church and its agents, employees, volunteers from all claims, demands and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Your signature below will give us permission to take your child off church property to the park across the street for recreation.

Parent/Guardian Signature \_\_\_\_\_

**E-mail or mail completed form to ONE of the email or regular addresses below**

**Liz Orlando**     [admin@ascensionsi.org](mailto:admin@ascensionsi.org)

**Church of the Ascension Attn: VBS  
1 Kingsley Avenue, Staten Island, NY 10314**

**OR**

**OR**

**Cathy Carlson**  
[administrator@stmarycastleton.org](mailto:administrator@stmarycastleton.org)

**St. Mary's Episcopal Church Attn: VBS  
347 Davis Ave, Staten Island, NY 10310**