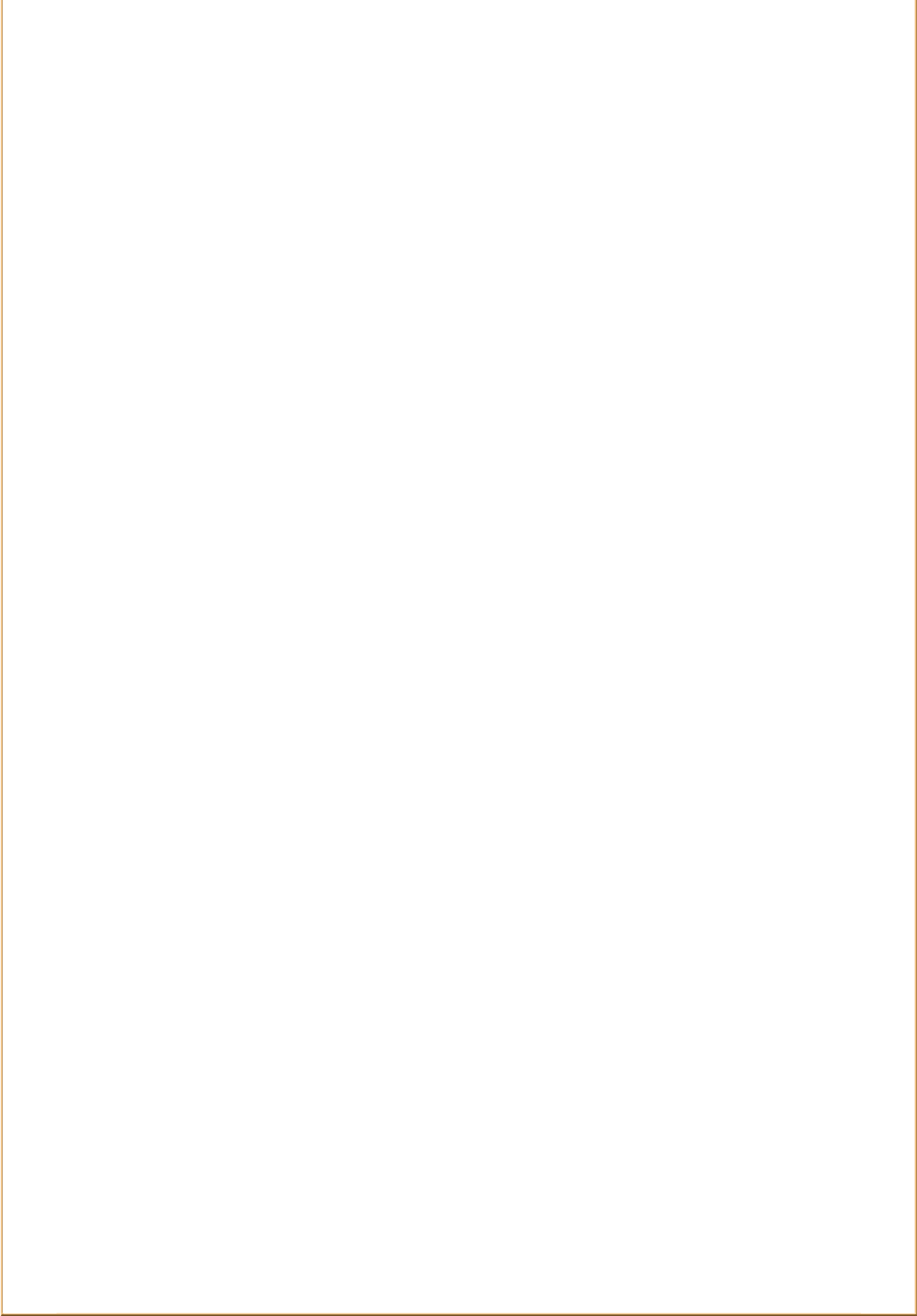
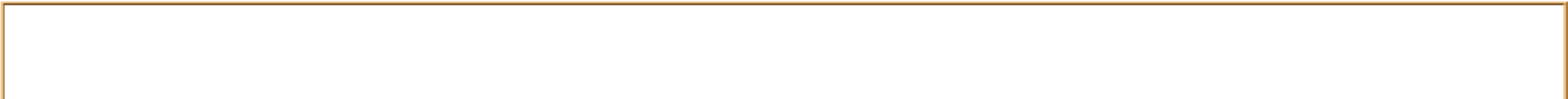
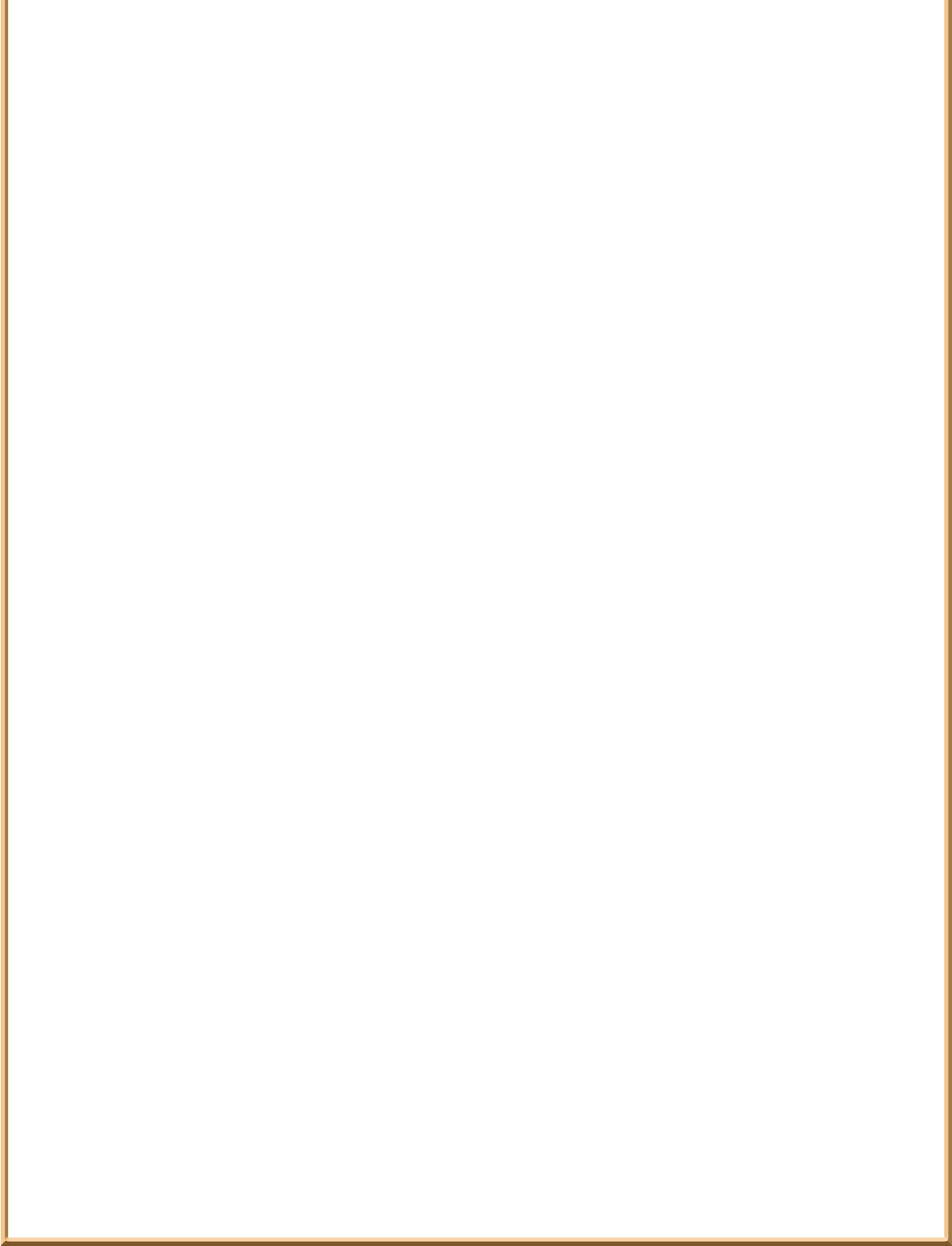
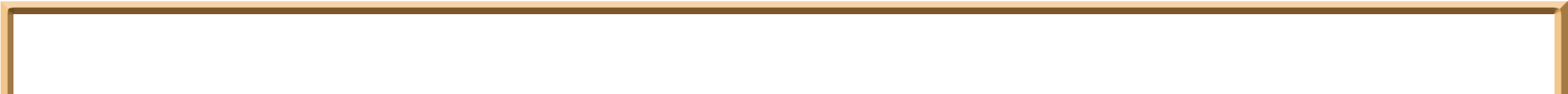
Vacation Bible School



3 - 7 August

5:30 to 7:30 PM

RE CENTER • BLDG. # 1028

**Registration for children Kindergarten to rising 6th grader:**

# Family Name: Street address: City: Zip Code Home Phone: Cell Phone: Email address: In case of emergency contact :

**REGISTRATION FORM** (*one per family*)

*Privacy Act Statement: Data required by the Privacy Act of 1974 Title of Form: Vacation Bible School Registration Form*

Prescribing Directive: 1. Authority: Title 10 USC Section 3457(b). Principal Purpose: (a) To provide sufﬁcient background information on fam- ilies/students to insure the structuring of meaningful religious education for the Chapel community; (b) To provide means of locating parents/ students, including in emergencies, for the Vacation Bible School program. 2. Routine Uses: (a) To provide lists of students/parents, with addresses and phone numbers, for class rosters, student placement, secondary mailings, and contact with parents when necessary and in emergencies. 3. Mandatory or Voluntary Disclosure and Effect on Individual Providing Information: Disclosure of information requested is vol- untary. However, failure to do so will result in non-registration of children for Vacation Bible School. Disclosure of parent's SSN is not required.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name of Child*** | ***Grade as of 9/25*** | ***Age*** | ***Allergies or other medical conditions*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Will parents attend ADULT EDUCATION?

**Chapel Release Form for Use of Personal Images**: We do take photographs during VBS.

These will be used in-house only. Your signature below grants us permission to take videos, photographs and/or slides of your child.

# Parent/Guardian: Date:

***Please return form to*: Sister Michael (703-806-3418) or** [**smary.m.bochnowski.civ@army.mil**](mailto:smary.m.bochnowski.civ@army.mil)

FB SCD FORM 165-16, MAY 2023