

VACATION BIBLE SCHOOL 2024

4 to 8 AUGUST

5:30 to 7:30 PM

RE CENTER • BLDG. # 1028



**Registration for children
who are 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 families/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 voluntary. 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 9/24	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