



registration form

(One per child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home parish: _____

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Vacation Bible School – June 23-27 – 1:30 to 4:30 p.m. – Ages 4 through 10 (rising 5th Graders)

\$20 per child. \$10 each sibling. Scholarships provided – Just ask!

Bring completed forms with Payment to the parish office.

CHECK ONE: Permission to use photos of your child in parish publications: YES ____ NO ____