

VACATION BIBLE SCHOOL **REGISTRATION FORM**

**(\$20.00 FOR 1 CHILD, \$10.00 FOR EACH ADDITIONAL CHILD)
PLEASE RETURN THIS FORM TO THE PARISH OFFICE
AS SOON AS POSSIBLE!**

Name _____ **Age** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home telephone (____) _____

Cell telephone (____) _____

Child's Date of Birth _____

Last school grade completed _____

In case of emergency, contact _____

Mother _____

Father _____

Other _____

Allergies or other medical conditions _____

THANK YOU FOR REGISTERING!