

2017 Vacation Bible School Registration Form

July 10-14 | 9:00am-12:00pm

Parent(s) Name(s): _____

Address: _____

Phone: _____ Email: _____

Parish Name: _____

List all students whom you are registering:

Name: _____ Age _____ Grade Just Completed: _____

Name: _____ Age _____ Grade Just Completed: _____

Name: _____ Age _____ Grade Just Completed: _____

Name: _____ Age _____ Grade Just Completed _____

Tuition \$ _____ (\$25.00 one child, \$15.00 for each additional child in the family)

Tuition Paid: Check _____ Cash _____ Date Received: _____

Allergies (How severe is the food allergy? Can the food be processed in a facility containing the food item? A menu is available upon request. _____

Other medical conditions: _____

Parental/Guardian Permission:

I hereby consent to participation by my child(ren), _____

_____ in Old St. Patrick's 2017 Vacation Bible School Program. I understand this program will take place on the parish grounds and that my child(ren) will be under the supervision of authorized parish personnel and volunteers.

Signature: _____ Date: _____

In an emergency please contact:

Name: (1) _____ Number: _____

(2) _____

Please return form and payment to parish office by Wednesday, July 5, 2017.