

**Old St. Patrick Catholic Church
5671 Whitmore Lake Rd.
Ann Arbor, MI 48105
734-662-8141**

Vacation Bible School Registration Form

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 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 2018 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 the authorized parish personnel and volunteers.

Signature: _____ Date: _____