



K4J

VACATION BIBLE SCHOOL

June 19th-23rd

8:30-12:00 noon (M-F)



REGISTRATION FORM

Cost - \$40/1 child, \$10 any additional children

Family Last Name _____

First Child's Name _____ age _____ grade in fall _____

Second Child's Name _____ age _____ grade in fall _____

Third Child's Name _____ age _____ grade in fall _____

Would an older sibling or parent of one of the above mentioned children be available to help out during the week? Yes/No

Parent/Guardian Name _____

Address _____

Home phone _____ Cell _____

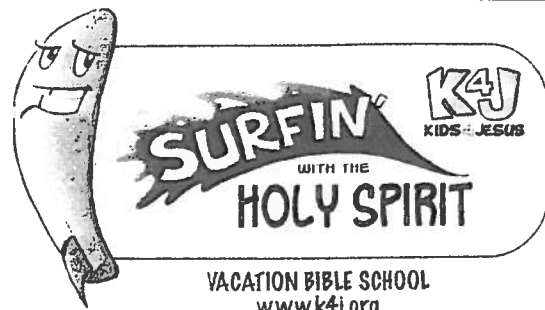
****In case of emergency (when parent/guardian cannot be reached) please contact:**

Name: _____

Phone _____ Relationship to child/children _____

* List any allergies (including food allergies) the VBS staff should be aware of
*

Please make checks out to St. Anne's Catholic Church
Please deliver or mail to:
St. Anne's Catholic Church
817 South Lincoln Road
-or-
Holy Name Catholic School
C/O Kate Swanson
409 South 22nd Street



Office Use Only: Cash _____ Check _____