



Vacation Bible School  
Child Registration Form  
June 13th - 17th, 2016  
9 a.m. to Noon

\$30.00 for first child, \$15.00 for each

*Please fill out one per child* additional children - \$15.00 for 6<sup>th</sup> & 7<sup>th</sup> grades

Child's Name (First and Last): \_\_\_\_\_

Siblings Also Attending (And Grade Entering): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent(s) or Guardian's Full Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Person authorized to pick-up child other than parent or guardian:

In Case of Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (e.g. bee stings, peanuts, etc.) and/or Medical Conditions or

Required Medications (e.g. Asthma): \_\_\_\_\_

Grade Entering 2016 - 2017 School Year (Please circle one):

Pre K      K      1      2      3      4      5      6      7

T-Shirt Size (Please circle one):

YS      YM      YL      AS      AM      AL      AXL

Is a Parent or Guardian volunteering for the week? Yes No

*Please make checks payable to: St.s Joachim & Ann Parish*

\_\_\_\_\_  
| For Office Use

| First Child: \_\_\_\_\_

| Addl. Children: \_\_\_\_\_

| Total Paid: \$ \_\_\_\_\_

| Cash/Check#: \_\_\_\_\_