



REGISTRATION FORM VACATION BIBLE SCHOOL

Monday, July 26 to Friday, July 30

9:00 am to 12 noon - onsite

Cost \$30.00 includes a shirt and music CD.

Make checks payable to St. Patrick's

Circle child's shirt size:

Child's: Small Medium Large X-large Adult's Small Medium

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last school grade completed _____

Name of Parents: _____

Street Address: _____

City: _____ Zip: _____

Parent/caregiver's cellphone: (_____) _____

Email Address: _____

Allergies, medical conditions or special needs: _____

In case of illness, accident or injury, our procedure will be to contact a parent or emergency contact. In case of emergency, we will utilize 911 assistance and emergency service may be asked to transport your child to the nearest hospital. In case of medical emergency, I hereby authorize St. Pat's to take action to ensure that necessary assistance is provided when a parent cannot be reached.

Emergency Contact _____ phone _____

Parent/Guardian signature _____
