

Vacation Bible School 2019 Child Registration Form

Child's Name: _____ Male Female (circle)

Grade THIS FALL (2019): K3 K4 K5 1st 2nd 3rd 4th 5th (circle)

Tee Shirt Child Size: S M L LX (circle) Child's School: _____

Name of a friend your child might like to be with: _____

Allergies or other medical conditions: _____

(If your child has severe food allergies, please provide an alternative snack each day.)

Child's Name: _____ Male Female (circle)

Grade THIS FALL (2019): K3 K4 K5 1st 2nd 3rd 4th 5th (circle)

Tee Shirt Child Size: S M L LX (circle) Child's School: _____

Name of a friend your child might like to be with: _____

Allergies or other medical conditions: _____

(If your child has severe food allergies, please provide an alternative snack each day.)

Child's Name: _____ Male Female (circle)

Grade THIS FALL (2019): K3 K4 K5 1st 2nd 3rd 4th 5th (circle)

Tee Shirt Child Size: S M L LX (circle) Child's School: _____

Name of a friend your child might like to be with: _____

Allergies or other medical conditions: _____

(If your child has severe food allergies, please provide an alternative snack each day.)

Child's Name: _____ Male Female (circle)

Grade THIS FALL (2019): K3 K4 K5 1st 2nd 3rd 4th 5th (circle)

Tee Shirt Child Size: S M L LX (circle) Child's School: _____

Name of a friend your child might like to be with: _____

Allergies or other medical conditions: _____

(If your child has severe food allergies, please provide an alternative snack each day.)

(OVER)

Vacation Bible School 2019 Child Contact Information

Family Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Home Parish: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Mother/Cell Phone: _____ Father/Cell Phone: _____

Mother/Work Phone: _____ Father/Work Phone: _____

Parent/Guardian (signature) _____

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Emergency Contact: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

REGISTRATIONS ARE DUE BY MONDAY, MAY 20th

Vacation Bible School Tuition \$ _____ (Enclose a check payable to St. John Vianney.)

\$65.00 /one child \$120.00 /two children \$165.00 /three or more children

No child will be turned away due to financial hardship. Please contact the Christian Formation Office if you need financial assistance.

We are willing to support a child to attend VBS. Enclosed is \$ _____.

Your child's picture (no names will be used) may appear in the church/school bulletin and/or on the parish website. Please contact the CF Office if you do not want your child's picture to be included. Thank you.

Christian Formation Office: (262) 796-3944

Dave Baudry - Your Roaring Navigator:

- (262) 796-3944 x1117 or daveb@stjohnv.org

Janlyn Carvalho - Your Roaring Guide:

- (262) 796-3944 x1127 or janlync@stjohnv.org