

VACATION BIBLE SCHOOL REGISTRATION FORM

HOME Ph	one	CELL	PARISH
Address			City/ZIP
Email/s:			
ne fall of 201	6. VBS is for Ki	VBS. Indicate current a ndergarten through 5 th uust attend training. Da	ge and which grade level your child will be entering i grade . 6th graders and above may serve as helpers o te and Time TBD
Child/ren:	Name		Age/Grade
Ciniu/i cii.			
cinu/ren.			Age/Grade
D	Name Name oes your child/re	en have any special mee	Age/Grade lical needs or allergies we should be aware of? Als
Do lease list any 	Name Name oes your child/re / learning needs s Yes No _	en have any special mea so we can best serve your Please describ	Age/Grade dical needs or allergies we should be aware of? Als child (i.e. ADD, Autism Spectrum, hearing, visual e
Do lease list any - - Po you have a	Name Name oes your child/re v learning needs s Yes No a friend attending	en have any special mea so we can best serve your Please describ g whom you would like in	Age/Grade dical needs or allergies we should be aware of? Alst child (i.e. ADD, Autism Spectrum, hearing, visual e n your group? Please list them below
Do lease list any - - bo you have a N Y H	Name Name oes your child/re v learning needs s Ves No a friend attending a friend attending Ve photograph the Parish albums. D	en have any special mea so we can best serve your Please describ whom you would like in e children from time to the o we have your permissi	Age/Grade dical needs or allergies we should be aware of? Als child (i.e. ADD, Autism Spectrum, hearing, visual e
Do lease list any - - Po you have a N H H H	Name Name oes your child/re / learning needs s Yes No a friend attending Mame Ve photograph the Parish albums. D For our parish wo	en have any special measo we can best serve your Please describ whom you would like in e children from time to the owe have your permission with and publicity? Yes _	Age/Grade dical needs or allergies we should be aware of? Also the child (i.e. ADD, Autism Spectrum, hearing, visual he he your group? Please list them below Age/Grade time for craft projects or promotion videos for on to use photographs of your child or family

Registration Deadline is May 30 in order to have enough time to order adequate supplies and materials for all participants. If you have any Questions, please call Jodie Clark or Spencer Adams at St. Charles at 564-5185, or email them at jclark@stcharlesb.org. or SCBIntern@stcharlesb.org. Thank You.