

VACATION BIBLE SCHOOL REGISTRATION FORM

FAMILY	/PARENTS NAME: _			
HOME Phone		CELL	PARIS	Н
Address _	or nor nor nor nor nor war war war.	rdi rdi rdi rdi rdi r	City/ZIP	
Email/s: _			is iils iils iils iils iils iils iils i	
	NCY CONTACT NAM			
the fall of 20	15. VBS is for Kinderg	arten through	5 th grade. 6th graders	level your child will be entering in and above may serve as helpers or 30 p.m. at St. Pat's Gym.
Child/ren:	Name		Age/Grade	
	Name		Age/Grade	
	Name		Age/Grade	
	ny learning needs so we	can best serve y	our child (i.e. ADD, A	gies we should be aware of? Also utism Spectrum, hearing, visual)
Do you have	a friend attending whom	n you would lik	e in your group? Pleas	se list them below
	Name		Age/Grade	
	We photograph the children from time to time for craft projects or promotion videos for Parish albums. Do we have your permission to use photographs of your child or family For our parish work and publicity? Yes NO			
	Name: Name:			
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A small fee of \$50 per family would be appreciated to defray costs for materials, craft items and snacks. Donations and registration forms can be turned in at either parish or dropped in Sunday collection baskets in an envelope marked VBS. Make checks payable to St. Charles Parish. If you cannot afford this fee at this time, please give us a call. Please do not allow finances to deter you from attending VBS.

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 at St. Charles at 564-5185, Ext. 3036 or email her at jclark@stcharlesb.org. For St. Pat's email Jesse Pascua at vbs@saintpats.org. Thank You.