June 18 - June 22, 2018 9:00 AM - 12:00 PM 4 Year olds - Grade 4 MUST BE 4 BEFORE JUNE 1<sup>st</sup>



FEE: Donation at time of sign up
Date Rec'd\_\_\_\_\_
Please return to the Religious
Education Office by June 4th
Space and suppliers are limited.
Late Registrations will NOT be
accepted.

## HOLY FAMILY 2018 VACATION BIBLE SCHOOL REGISTRATION FORM

family Name		
Mother's Name	Father's Name	
Address	_Address	
	(if different)	
City Zip	City	Zip
Home Phone		<del> </del>
Cell Phone	(if different) Cell Phone	
		Male/Female
Student Name		
Birthdate		
T-Shirt Size - Youth - S $\square$ M $\square$ L $\square$	1	
Addit - 3 L M L L AL L		~~~~
.♦.		Male/Female
Student Name		
Birthdate	Grade completed June 2018	
T-Shirt Size - Youth - S $_{\square}$ M $_{\square}$ L $_{\square}$		
Adult -S□M□L□ XL□	]	
		Male/Female
Student Name		——
Birthdate		
T-Shirt Size - Youth - S $_{\square}$ M $_{\square}$ L $_{\square}$		<u> </u>
	]	OVER

## MEDICAL AND EMERGENCY INFORMATION

1. Child	is allergic to:
Please note specific medical p	roblems:
	~~~~~~~~~~~~
	is allergic to:
Please note specific medical p	roblems:
3. Child	is allergic to:
Please note specific medical p	roblems:
	se notify: (Include two names and phone numbers)
Name	Phone
Name	Phone
Family Doctor	Phone
Bismol) and routine non-surgic supervising parish personnel. child(ren) to the nearest hosp	escription medication (e.g., Tylenol, throat lozenges, cough syrup, Peptocal medical care to be given to my child(ren) if deemed advisable by the In case of an emergency, I also grant permission to transport my bital for emergency medical or surgical treatment. I will be contacted as livised prior to any further treatment by the hospital or doctor.
Signature	Date