



*Vacation Bible School
Catholic Summer Program*

*July 17-21, 2017 9:00-12:30
Saint Maximilian Kolbe Parish*

Registration Form

Child's Name _____ Age _____

Date of Birth _____ School Grade (September) _____

Name of Parent(s) _____

Address _____

Telephone for Parent/ Caregiver home: _____ cell _____

Home Email Address _____

Allergies or Other Medical Conditions(s) _____

Location:

Resurrection
Church,

Marmora

July 17-21

Grades K-5

\$30/Child

\$40/Family

EMERGENCY CONTACT

NAME

PHONE

RELATIONSHIP TO CHILD

Concerning Photos:

I DO _____ I DO NOT _____ GIVE MY PERMISSION TO HAVE MY CHILD
PHOTOGRAPHED DURING VBS.

Pictures may be posted on Facebook and/or our website

Signature _____

FOR PARISH USE ONLY

DATE RECEIVED _____

CHECK _____

AMOUNT _____

CREW _____