

Vacation Bible School

Child's Name

Signature___

July 22-26, 2019 9:00-12:30

Location:

Resurrection

Church,

Saint Maximilian Kolbe Parish

______Age_____

$\textbf{Registration Form} \ \, (\textit{one per child})$

Pictures may be posted on Facebook and/or our website

Date of Birth	School C	Grade (September)			
Name of Parent(s)				Marmora	
Address				July 22-26	
Telephone for Parent/ Caregiver home: Cell				July 22-26 Grades K-5	
Home Email Address				\$25/Chíld	
Allergies or Other Medical Conditions(s)				\$35/Family donation	
				donatíon	
EMERGENCY	CONTACT				
			FOR PARISH USE ONLY		
NAME	PHONE	RELATIONSHIP TO CHILD	- DATE	DATE RECEIVED	
			CHEC		
Concerning Photos:			AMOL	AMOUNT	
I DO I DO NOT GIVE MY PERMISSION TO HAVE MY CHILD PHOTOGRAPHED DURING VBS.			CREW	CREW	