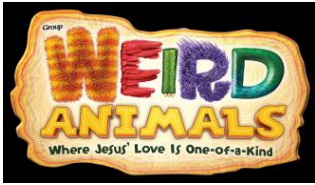


Elementary Form
Grades 1 through 5 -- Fall 2014

Slot No. _____



Church of St. Vincent de Paul
Vacation Bible School Registration Form
June 16-20, 2014—9 am-noon
9100 93rd Ave North, Brooklyn Park, MN 55445-1407
763/425-2210

Parent/Guardian is:
Station Ldr/Dir
Volunteer

Child's Name: _____

Birth Date: _____ Age: _____ M/F: _____ Grade going into Fall 2014: _____

Parents/Guardians: _____

Address: _____ City/Zip: _____

Email Address: _____ Home Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Contact Information—(If parents/guardians cannot be contacted):

Name: _____ Number: _____

I am responsible for the transportation of my child to and from Vacation Bible School: _____

(Parent/Guardian Signature)

Name of a friend your child would like to have as a companion: _____

Allergies or anything we need to know to help your child: _____

Registration Fee: \$32 per child

T-shirt size: Child Small _____ Child Medium _____ Child Large _____ Adult Small _____ Adult Medium _____
(6-8) (10-12) (14-16) (34-36) (38-40)

Purchase: CD Songs (\$7 ea.) _____ DVD Songs (\$15 ea.) _____

Please read and check off the following items:

I/We release my/our child's photograph(s) to St. Vincent de Paul for their use—
(Names will not be used with photographs)

Parent/Guardian Signature: _____

Check if you are a registered parishioner.

I/We understand there are **NO REFUNDS AFTER MAY 1, 2014.**

(Office Use Only)
Date _____
Ck # _____
Amt _____
Cash _____
Apvl _____
Init _____

