

**2019 VBS REGISTRATION FORM**  
**VBS Dates: June 24-28**  
**Ages: Kindergarten – 5<sup>th</sup> Grade (grade entering in fall)**  
**Registration Deadline: June 20, 2019**

**Parents:**

\_\_\_\_\_ Mother's First & Last Name \_\_\_\_\_ Father's First & Last Name

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Work \_\_\_\_\_ Father's Work \_\_\_\_\_

Does your child live with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Other

Is your family registered in the parish? \_\_\_\_\_

**Children's Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in fall \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in fall \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in fall \_\_\_\_\_

**Additional Information:**

Does your child(ren) have any allergies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child(ren) have any special needs due to physical, social or learning disability? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Emergency Information:**

If my child(ren) \_\_\_\_\_ becomes ill or is injured while attending VBS and I cannot be reached, please call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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I authorize the staff of St. Francis Xavier parish to seek emergency medical care for my child(ren) as deemed appropriate.

Our doctor of preference is: \_\_\_\_\_ Our hospital preference is \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

I give my permission for my Child/children \_\_\_\_\_ to go on the Hay Ride on June 29 at Vacation Bible School at St. Francis Xavier Church

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

I give my permission for my child/children to have their picture taken and put on our website.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ADULT & TEEN VOLUNTEERS ARE NEEDED IN THE FOLLOWING AREAS DURING VBS**  
**Please circle areas of interest**

Group Guide    Bible Story Center    Craft Center    Recreation Center    Snack Center    Music Center    Nursery Worker

Adult Volunteer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Circle Days Available to Help:    Monday    Tuesday    Wednesday    Thursday    Friday

Teen Volunteer Name & Age \_\_\_\_\_ Phone # \_\_\_\_\_

Circle Days Available to Help:    Monday    Tuesday    Wednesday    Thursday    Friday

**Please Bring in One 2 liter or a box of Capri Suns and a package of cookies for our snack room to use through out the week.**