

VBS Dates: July 32-27 6:30 pm-8:30 pm
Ages: Kindergarten – 5th Grade (grade entering in fall)
Registration Deadline:

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:

2012 VBS REGISTRATION FORM

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

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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** _____

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