



# St. James Catholic Church 2017 Vacation Bible School

## REGISTRATION FORM

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
(street address, city, state, and zip code)

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Allergies/Medical or other information we need to know. (Please include any food allergies.)  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts (Other than listed above.)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Who may pick up your child at the end of each VBS evening?  
\_\_\_\_\_

Does your child attend Catholic School or Religious Education? If so where?  
\_\_\_\_\_

What Church does your family attend?  
\_\_\_\_\_



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May we have permission to photograph your child and use photos for promotion? Yes No

Names of adults who will attend the ADULT VBS Tract? \_\_\_\_\_