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Registration Form

(see health form on the reverse side)

St. John the Evangelist Vacation Bible School

Dates: August 4 - August 8, 2008

Time: 9:00 A.M. - 12:00 P.M.

Place: St. John's School

Fee: \$15 each participant

Registration Deadline by

Thursday, July 24

Family Name _____

Address _____

City/Town, zip _____

Daytime phone _____

e-mail address _____

Home/evening phone _____ (unlisted? Yes/No)

If unlisted, may the number be shared with VBS staff? Yes/No

Child's Name _____

Date of birth _____ grade entering in Sept. _____

(limited to children entering Kindergarten - entering grade 5 in the Fall)

Father's name _____ cell/work phone _____

Mother's name _____ cell/work phone _____

Other adult's name (if applicable) _____

Registered member of St. John the Evangelist _____ yes _____ no

Please fill out the Health Form on the reverse side

FOR OFFICE USE ONLY:

Date received _____ Fee, \$15 per child (\$55 max) received _____

Group assignment _____

No child will ever be denied participation at VBS because of inability to pay the registration fee.