

Registration Form

St. Michael the Archangel Parish

July 20th - 24nd 6:00 - 8:00pm



Family Name: _____

Name of Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Shirt
Size:

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Additional
space for
names is
provided
on the
back of the
form

Emergency Contact: _____

Phone: _____

Relationship to child: _____

Please List Allergies, special needs: _____

I grant permission to St. Michael the Archangel parish for my child(ren)'s participation in this VBS program and to use my child(ren)'s name, likeness, and/or photographic image for the use of publication(s) concerning this vacation bible school such as the parish website and/or news print.

Signature: _____

Registration Deadline July 1st

	Shirt Size:	
Name of Child: _____	_____	Age: _____
Name of Child: _____	_____	Age: _____
Name of Child: _____	_____	Age: _____
Name of Child: _____	_____	Age: _____
Name of Child: _____	_____	Age: _____
Name of Child: _____	_____	Age: _____

Please List Allergies, special needs:

Trust Jesus!