

Registration Form

St. Michael the Archangel Parish

July 15th - 19th 6:00 - 8:00pm



Family Name: _____

Name of Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Name of Child: _____
Age: _____

Name of Child: _____
Age: _____

Additional space for names is provided on the back of th

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:** _____

**Shirt
Size**

I would like to volunteer!

Name _____

Name _____

Name _____

Name _____