

Saint Maximilian Kolbe Parish



Vacation Bible School

July 27-31

Registration Form *(one per child)*

Child's Name _____ Age _____

Date of Birth _____ School Grade (September) _____

Name of Parent(s) _____

Address _____

Telephone for Parent/ Caregiver home: _____ Cell _____

Home Email Address _____

Allergies or Other Medical Conditions(s) _____

Church of the
Resurrection
July 27-31

9:00-12:30

Grades K-5

\$25/Child

\$35/Family

donation

EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

Concerning Photos:

I DO _____ I DO NOT _____ GIVE MY PERMISSION TO HAVE MY CHILD
PHOTOGRAPHED DURING VBS.

Pictures may be posted on Facebook and/or our website

Signature _____

FOR PARISH USE ONLY

DATE RECEIVED _____

CHECK _____

AMOUNT _____

CREW _____