

VACATION BIBLE SCHOOL REGISTRATION FORM 2019



PLEASE PRINT ALL INFORMATION: ALL INFORMATION IS KEPT CONFIDENTIAL

FAMILY LAST NAME: \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_  
(E-Mail address checked most often)

FATHER \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home E-Mail Address \_\_\_\_\_  
Work E-Mail Address \_\_\_\_\_  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

MOTHER \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home E-Mail Address \_\_\_\_\_  
Work E-Mail Address \_\_\_\_\_  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Preferred Parent / Method of Contact? \_\_\_\_\_

**Time & Talent** (please consider volunteering)

- \_\_\_ Decoration Committee
- \_\_\_ Station Leader
- \_\_\_ Crew Leader
- \_\_\_ Music
- \_\_\_ Other

**Vacation Bible School Fee \$25** – Please make checks payable to St. Elizabeth Catholic Church.  
(If registering more than 1 child, the fee is reduced by \$5 per child. Example: First Child \$25, Second Child \$20, Third Child \$15) All fees help to support the program and provide for supplies for each child.

Any medical conditions and or allergies that we should be aware of for your child/children.  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CONTINUE ON TO NEXT PAGE

**ST. ELIZABETH'S CATHOLIC CHURCH**  
**207 North Main Street, P.O. Box 307**  
**Dilworth, MN 56529**  
**218-287-2705**

**FAMILY INFORMATION**  
**VBS - 2018**

**Please provide the following information:**

**FAMILY LAST NAME** \_\_\_\_\_

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

	<u>Student's Name</u>	<u>Birth Date</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____