

St. Catherine of Siena  
 Vacation Bible School  
 2016 **Participant Registration Form**

**Contact Info:**

Keith Morgeson, VBS Lead Coach  
 Emily Hess, VBS Assistant Coach  
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**Dates:** July 25<sup>th</sup> → July 29<sup>th</sup>, 2016  
**Times:** 9:00am – 11:45am  
**Who:** Children from **age 4 to 5th Grade**  
**Cost:** \$20.00 per child / maximum \$60 per family



Please complete one form per family. If you are registering more than two children, use the back of the form to list additional children. **Turn all Forms into the collection basket or parish office no later than June 24<sup>th</sup>, 2016 please make all checks payable to St. Catherine of Siena Church – (in case of financial hardship, please contact parish office). No e-mail or electronic Registrations, please.**

Mother's name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Child(ren): \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child(ren) will be picked up by: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Age (by July 25<sup>th</sup>, 2016) \_\_\_\_\_ Grade (2016-17 school year) \_\_\_\_\_  
 Child's Food Allergies / Medical Problems / Special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Age (by July 25<sup>th</sup>, 2016) \_\_\_\_\_ Grade (2016-17 school year) \_\_\_\_\_  
 Child's Food Allergies / Medical Problems / Special needs: \_\_\_\_\_  
 \_\_\_\_\_  
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Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Age (by July 25<sup>th</sup>, 2016) \_\_\_\_\_ Grade (2016-17 school year) \_\_\_\_\_  
 Child's Food Allergies / Medical Problems / Special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Parish Office Use Only: Payment Received: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_