



Immaculate Conception Roman Catholic Church

Vacation Bible School for Pre-K to Grade 5 August 6th– 10th 9:30am - 12:00pm

FAMILY INFORMATION

(PLEASE PRINT LAST NAME, FIRST NAME)

Parent/ Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Address/City/Zip Code:

Email: _____

Is your family registered with the parish? (circle) Yes No Unknown

Emergency Information: Please provide the name of someone who lives in the area, other than a parent, who your child(ren) can be released to:

_____ relationship to the child _____ phone # _____

Child #1 INFORMATION

First Name: _____ Last Name: _____

Grade Level: _____ Age: _____ Male Female Date of Birth _____/_____/_____

T-Shirt Size: Youth or Adult (circle one) S M L XL (circle one)

Allergies/Medical Info _____

Child #2 INFORMATION

First Name: _____ Last Name: _____

Grade Level: _____ Age: _____ Male Female Date of Birth ____/____/____

T-Shirt Size: Youth or Adult (circle one) S M L XL (circle one)

Allergies/Medical Info _____

Child #3 INFORMATION

First Name: _____ Last Name: _____

Grade Level: _____ Age: _____ Male Female Date of Birth ____/____/____

T-Shirt Size: Youth or Adult (circle one) S M L XL (circle one)

Allergies/Medical Info _____

Please list any comments or concerns regarding your child(ren) that might be beneficial for our VBS Staff to be aware of:

Are you willing to volunteer? (Circle what interests you)

Crafts

Snacks

Teacher

Outdoor Activities

Decorating

Name: _____

Best contact: _____