



# Participant Registration Form

*Vacation Bible School*

To Be Held  
June 10—14  
8:45 until Noon  
3 Yrs Old\* through  
Entering Grade 5  
*\*Must be potty trained*

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size: S M L XL AS AM AL Grade Next School Year \_\_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size: S M L XL AS AM AL Grade Next School Year \_\_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size: S M L XL AS AM AL Grade Next School Year \_\_\_\_\_

Allergies/Medical Considerations: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**In the event of an emergency please contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signed: \_\_\_\_\_

\_\_\_\_\_ I prefer for my child(ren's) pictures **not** to be used in Social Media

\_\_\_\_\_ YES, My family and I \_\_\_\_\_ (number of people) will attend Family/Community Night on  
Wednesday, June 12 beginning with dinner at 6:00 p.m.

\$25 per child, \$75 per family

Registration \$ \_\_\_\_\_

Music CD\* \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please make checks payable to:  
St. Dominic Church  
\*Music CD \$10 each

Form Must Be Received By

**May 17**

In Order To Receive A T-Shirt

Forms can be returned to the  
Parish Office.

For More Information Please  
Contact Brenda Christian, 661-5130