



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

\$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