



Vacation Bible School

Child Registration Form (One per Child)

Paid in Full: _____

Date Received: _____

Received By: _____

Hardship: _____

Invoice: _____

Ages 4-11

Fee: 1 child, \$40; 2 children, \$35 each; 3+ children, \$30 each

**Monday, July 8th - Friday, July 12th
9:00 AM-12:00 PM**

Child's Name: _____ Age: _____

Street Address: _____

Home Phone: _____ E-mail Address: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Name

Phone

Does your child have any special needs? _____

Food Allergies: _____

Parish (if not Mary MOM): _____

Name of 1 special friend your child might like to be with: _____

Permission to Photograph: I grant to Mary, Mother of Mercy Parish, the right to take photographs of my child and our family during faith formation activities and parish events. I authorize Mary, Mother of Mercy Parish, to publish the same in print and/or electronically.

Parent/Guardian Signature

Date