

Vacation Bible School
Registration Form
July 12, 2010—July 16, 2010
9:00 a.m.—12:00 p.m.
Age 4 (by June 1st)—Grade 5 (September 2010)
(PLEASE USE A SEPARATE FORM FOR EACH CHILD)

Child's Name: _____

Address: _____ Telephone: _____

Grade (September 2010) _____ Age: _____

Please list any allergies your child has: _____

Parent's Name: _____

Parent's Work or Cell Phone Number: _____

Emergency Contact Person (include name, address, and phone number)

Child's T-Shirt Size: (Please circle) Children's 4—6 Children's 6—8 Children's 10—12
Children's 14—16 Adult Small Adult Medium

I hereby authorize the staff of St. Mary's Vacation Bible School to administer first aid and/or to arrange for emergency medical transportation for my child if I am unable to be contacted.

Parent's Signature: _____

This registration form must be signed and returned with \$50.00 registration fee per child (made payable to St. Mary's Vacation Bible School) by June 1st. Mail to the following address:

Vacation Bible School
St. Mary's Religious Education Office
201 Main Street
Franklin, MA 02038
508-528-1450

