



St. Simon the Apostle Catholic Church Vacation Bible School 2008 Registration Form

June 23rd-27th
8:45am-12:15pm (daily)

3 year olds (Potty Trained) - 4th Grade

\$25.00 VBS fee per child - payable at time of registration

Registration Deadline: May 31st

Child's name:	Grade Completed:	Birthdate:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Street address: _____
City: _____ State: _____ Zip _____

Father's Name: _____ Mother's Name: _____
Child Resides with: (circle one) Both Parents Mother Father
Home Phone: _____ Cell Phone: _____
Email Address: _____
Parish: _____

Emergency Contact: _____ Phone: _____
Allergies or other medical conditions: _____
List any medications your child routinely takes: _____
Child's Doctor: _____ Phone: _____
Hospital or Clinic of your choice: _____

Donation Amount or Item: _____

Office Use: Date : _____ Amount: _____ Check# _____ Lab Crew # _____

Return completed form to the Parish Faith Formation Office
Contact Judi Sullivan 826-6000 ext. 113 or jsullivan@saintsimon.org