

St. Catherine of Siena
 Vacation Bible School
 2011 Registration Form

Contact Info:

Keith Morgeson
kmorgeson@stcatherineofsiena.org



Dates: August 1-5, 2011
Times: 9:00am – 11:45am
Who: Children from age 4 to 6th Grade
Cost: \$15.00 per child / maximum \$50 per family

Please complete one form per family. If you are registering more than two children, use the back of the form to list additional children. **Turn all Forms into the collection basket or parish office no later than July 15, 2011 please make all checks payable to St. Catherine of Siena Church – (in case of financial hardship, please contact parish office).**

Mother's name: _____ Father's Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____ e-mail _____
 Emergency Contact: _____ Phone: _____
 Relationship to Child(ren): _____
 Family Doctor: _____ Phone: _____
 Child(ren) will be picked up by: _____

Child's Name: _____ Nickname: _____
 Age (by August 1st, 2011) _____ Grade (2011-12 school year) _____
 Child's Food Allergies / Medical Problems / Special needs: _____

Child's Name: _____ Nickname: _____
 Age (by August 1st, 2011) _____ Grade (2011-12 school year) _____
 Child's Food Allergies / Medical Problems / Special needs: _____

Adult Volunteers
All adult volunteers MUST be VIRTUS certified
 Name: _____
 Address: _____
 Home Phone: _____ Cell: _____
 e-mail: _____

Jr. High & High School Volunteers:
 Service hours for Confirmation available for 6th, 7th and 8th grade students.
 Name: _____
 Address: _____
 Home Phone: _____
 Cell: _____
 E-mail: _____
 Please circle days you will be available
 M Tu W Th F

For Parish Office Use Only: Payment Received: _____ Check # _____ Date: _____ Initials: _____