

**VACTION BIBLE SCHOOL
SUMMER 2008**

Family Name: _____ Home Address _____

Will you need child care prior to the start of classes (from 7:30-8:30 am)? _____ (additional \$10.00)

During Summer Bible School times, how can we reach you:

Mother's Phone Number: _____ Father's Phone Number: _____

If we cannot reach you in case of an emergency, who should we contact?

Name _____ Phone Number _____ Relationship to child _____

1. Child's Name: _____ Age _____ Date of Birth _____
Grade this Fall _____ School _____ City _____
2. Child's Name: _____ Age _____ Date of Birth _____
Grade this Fall _____ School _____ City _____
3. Child's Name: _____ Age _____ Date of Birth _____
Grade this Fall _____ School _____ City _____

Are there any known learning problems for any of the children listed above?

Are there any medical problems or regular use of any medications?

Are there any allergies (bee stings, bug bites, food, sweets)?

Would you like to help with Summer Bible School? Y _____ N _____

If yes, please complete a Volunteer Form.

I hereby release the Diocese of Jefferson City and all employees of the Diocese and employees and volunteers at Our Lady of Lourdes Church from any liability for an injury to the above student(s) before, during, or after Summer Bible School.

Signature: _____ Date: _____

Registration Fee:	\$25.00 per child
Payment:	amount _____
	Check # _____
	Cash _____
	Rec'd by _____