

Holy Family Catholic Church Catholic VBS Registration Form



Parents Name: _____

Address: _____

	Mom	Dad
Home #	Cell #	Cell #

Email Address: _____

In case of an emergency and you cannot be immediately located please give a name and phone number as an immediate contact: _____

Please list other's that will be allowed to bring and pick up your child(ren) from CVBS:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

NAME OF CHILD	AGE	GRADE COMING OUT OF	FOOD &/OR DRINK ALLERGIES
1)			
2)			
3)			
4)			
5)			

Complete one Registration Consent & Waiver Form A per child. Ask if one is already on file.

Please list the name of the Parish or Church that you normally attend _____

Would you be available to help with Catholic Vacation Bible School?

_____ Yes, I would be delighted to help. _____ No, not at this time, but maybe next year.

If you have any questions about Catholic VBS please contact:

Sarah Pierce, Coordinator
580.483.4665
catholicvbs@holyfamilylawton.org
2017 CVBS

\$15.00 per child

_____ Check here if you need scholarship