

St. Anthony of Padua

Vacation Bible School

June 17-21, 2019

9:00 am to 12:00 noon



Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parents: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (____) _____

Parent/Caregiver's Cell Phone: (____) _____

Home Email Address: _____

Home Church: _____

Special Needs (Food Allergies, Behavioral Needs etc.): _____

Emergency Contact Name: _____

Phone: (____) _____

Relationship to Child: _____

My child has permission to attend St. Anthony Vacation Bible School on the above dates and times.
St. Anthony has permission to take pictures of my child for promotional purposes only.

Parent Signature: _____ Date: _____

For Church Use Only:

Crew Number or Name: _____

Fee: \$65.00 (Per Family) Date Paid: _____