

St. Matthias Vacation Bible School


Registration Form

Parishioners Only

Ages 4 - 11

Monday, June 24 - Friday, June 28

9:00 am - 12:00 pm



Child's Name: _____

Date of Birth: _____

Shirt Size: _____

Address: _____

Phone Number: _____

Parent's Name: _____

Allergies/Medications: _____

Emergency Contact Name & Phone#: _____

I give my child permission to attend and participate in all the regular activities of Vacation Bible School. I am fully aware that snacks will be served, crafts will be made, and games will be played indoors or outdoors. I have made any allergies or medical concerns known to the leadership of Vacation Bible School.

Parent Signature: _____ **Date:** _____

There is a registration fee of \$20.00 per child at the time of registration. Please make check payable to St. Matthias.

Office Use Only

PAID: _____ **CHECK #:** _____ **CASH:** _____