



St. Alphonsus Vacation Bible School

We will be traveling to Babylon

June 18 ~ 22, 2018 from 9:00am to 12:00pm

Parents: Please read the entire form before completing it as there are important directions about age requirements, etc. Space limited to 120 Students!

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home/Cell Telephone _____ Home e-mail address _____

Mom's Work Phone _____ Dad's Work Phone _____

Person picking up student(s) _____

Signature _____

- **NO** Phone Registrations!
- **Monday, June 18th ALL CHILDREN MUST ARRIVE NO LATER THAN 8:30am**
- Our program will enroll students entering Kindergarten in fall 2018 through 6th grade.
- The fee is \$20.00 for each child. The fee is due at registration. Make checks payable to St. Alphonsus. Registration forms received without payment will not be signed up until the fee is received. Those who are in need of scholarship assistance should see Maggie Vugteveen, Director of Faith Formation, or call 459-5472
- Deadline for registration is **June 11th 2018** or earlier, if we reach 120 participants.
DON'T DELAY - THE PROGRAM FILLS UP VERY QUICKLY!
- "Photo Release" I give permission (as a parent or guardian), to allow my child (who is under the age of 18 years) to be photographed or video during Holy Land Adventure, only to be used on the St. Al's website, newspaper, & bulletin board (Last names will not be disclosed)

Parent or Guardian signature _____

The journey to Babylon is a repeated program. Many of you may have the CD but if you do not and want to order one please fill out the information below. I would like to order _____ CD at \$7.00 each

Amount due \$ _____ Amount paid \$ _____ Check # or Cash _____

Please tear off and save information below

- St. Alphonsus Vacation Bible School
- At St. Alphonsus Parish Center
- **Monday June 18th** please arrive by 8:30am with your child
- June 18th through June 22nd 9:00am till noon
- All other days, the doors will open at 8:45am.

**Come JOIN us Sunday
June 24th for the
9:00am Mass
and sing some
of our VBS songs for
the parish.**

EMERGENCY INFORMATION

Child's Name: _____ M/F _____

Child's Age: _____ Grade entering in Fall 2018: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Learning Disabilities: _____

If Possible place my child with: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

1#: _____ Phone: _____

2#: _____ Phone: _____

Name of person who will be picking up my child _____

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Emergency Information

Parents/Guardian please fill out **ONE** Emergency contact form for each child. If you need more registration forms please take an extra.

It is critical that this emergency information form is filled out for each child. It will be attached to the back of the child's Name tag.

This will allow the Group Leaders to have vital information on each of the students in their group.

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