

# ST. MONICA 2011 VACATION BIBLE SCHOOL REGISTRATION FORM



**Date:** Mon., July 18 – Fri., July 22

**Time:** 9:00 am – 12:00pm

**Who:** 4 year olds through those entering 5<sup>th</sup> grade

**Cost:** \$40 for 1<sup>st</sup> child, \$30 for 2<sup>nd</sup> child, \$20 for 3<sup>rd</sup> child.

**Includes music CD**

**\*\*\* Early bird discount \*\*\* take \$10 off per child and T-shirt guaranteed for registrations received by Monday, June 20.**

**(Make checks payable to St. Monica)**

Return registration and mail check to: Kristin Goldkamp, 12462 Villa Hill, Creve Coeur, 63141.

Questions- [jkhjac@sbcglobal.net](mailto:jkhjac@sbcglobal.net) or 314-469-0741

Class sizes will be limited. Registration will be accepted on a space available basis. T-shirt is not guaranteed after June 20. A letter confirming registration will be mailed to each participating family the week prior to VBS.

Parent Name \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Are you registered members of St. Monica Parish Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Information** (Please list more than three students on the back.)

**Student's Name** \_\_\_\_\_

Grade in Fall \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M / F

T-Shirt Size 7/8 \_\_\_\_\_ 10/12 \_\_\_\_\_ 14/16 \_\_\_\_\_

Does your child have any food allergies? No \_\_\_\_\_ Yes, please list \_\_\_\_\_

**Student's Name** \_\_\_\_\_

Grade in Fall \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M / F

T-Shirt Size 7/8 \_\_\_\_\_ 10/12 \_\_\_\_\_ 14/16 \_\_\_\_\_

Does your child have any food allergies? No \_\_\_\_\_ Yes, please list \_\_\_\_\_

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T-Shirt Size 7/8 \_\_\_\_\_ 10/12 \_\_\_\_\_ 14/16 \_\_\_\_\_

Does your child have any food allergies? No \_\_\_\_\_ Yes, please list \_\_\_\_\_

**Family Night Information**

Family Night is scheduled for Friday evening, July 22, 2011. There will be a short prayer service and performance beginning at 7 p.m. in the church followed by dessert in the Msgr. Schneider Church Hall.

\_\_\_\_ We will be able to attend      \_\_\_\_ Total number in family that will be attending  
\_\_\_\_ We will not be able to attend

**Volunteer Commitment**

In order to lighten the load for our committee members and to foster a spirit of cooperation and support for our VBS program, we are asking each family to help with VBS. Please indicate an area below to help with:

\_\_\_\_ I can volunteer on a VBS day from 9 a.m. – 12 Noon (limited babysitting available)

Write in your 1st and 2nd choice M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

\_\_\_\_ I can volunteer from home before VBS: i.e. cutting out crafts/nametags

\_\_\_\_ I can volunteer to help make decorations

\_\_\_\_ I can volunteer on Family Night helping with set-up, serving and clean-up

**Emergency Medical Information**

In case of accident or serious illness, I request St. Monica to contact me. If I am unable to be reached, I authorize the parish to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the parish may make the appropriate arrangements for the care of my child.

Signature of Parent/Guardian\_\_\_\_\_

Phone numbers you can be reached during VBS hours\_\_\_\_\_

Physicians Name\_\_\_\_\_

Office number\_\_\_\_\_ Exchange number\_\_\_\_\_

Hospital of Choice\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone Number\_\_\_\_\_

