

ST. MONICA 2010 VACATION BIBLE SCHOOL REGISTRATION FORM



Date: Mon., July 12 – Fri., July 16
Time: 9:00am – 12:00pm
Who: 4 year olds through those entering 5th grade
Cost: \$40 per child, includes music CD
**** Early bird discount *** only \$30 per child and T-shirt guaranteed for registrations received by Wednesday, June 15.*
(Make checks payable to St. Monica)

Return registration and mail check to: Kristin Goldkamp, 12462 Villa Hill, Creve Coeur, 63141.
 Questions? 314-469-0741

Class sizes will be limited. Registration will be accepted on a space available basis after June 15th and T-shirt is not guaranteed after this date. A letter confirming registration will be mailed to each participating family.

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 _____

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Family Night Information

Family Night is scheduled for Friday evening, July 16, 2010. 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_____

