

St. Clare VBS

June 12-16, 2017 9 AM-12 PM

PK4-5th



Family Name _____ E-Mail: _____

Street Address: _____ City: _____ Zip: _____

Hm#: _____ Wk#: _____ Cell#: _____

STUDENT #1: _____ M F

Last, First (please print the name your child would like on a name tag)

Current Grade (2016-2017 School Year): _____ Date of Birth _____ Age: _____

Allergies or Medical Concerns: _____

T-Shirt Size: please check one:

Youth: Small 6-8 Medium 10-12 Large 14-16

Adult: Small 34-36 Medium 38-40 Large 42-44

STUDENT #2: _____ M F

Last, First (please print the name your child would like on a name tag)

Current Grade (2016-2017 School Year): _____ Date of Birth _____ Age: _____

Allergies or Medical Concerns: _____

T-Shirt Size: please check one:

Youth: Small 6-8 Medium 10-12 Large 14-16

Adult: Small 34-36 Medium 38-40 Large 42-44

STUDENT #3: _____ M F

(Last, First (please print the name your child would like on a name tag)

Current Grade (2016-2017 School Year): _____ Date of Birth _____ Age: _____

Allergies or Medical Concerns: _____

T-Shirt Size: please check one:

Youth: Small 6-8 Medium 10-12 Large 14-16

Adult: Small 34-36 Medium 38-40 Large 42-44



STUDENT #4: _____ **M F**
Last, First (please print the name your child would like on a name tag)

Current Grade (2016-2017 School Year): _____ **Date of Birth** _____ **Age:** _____

Allergies or Medical Concerns: _____

T-Shirt Size: please check one:

Youth: Small 6-8 Medium 10-12 Large 14-16

Adult: Small 34-36 Medium 38-40 Large 42-44

EMERGENCY INFORMATION:

Please Provide first and last names

Mother: _____ **E-Mail:** _____

Hm#: _____ **Wk#:** _____ **Cell#:** _____

Father: _____ **E-Mail:** _____

Hm#: _____ **Wk#:** _____ **Cell#:** _____

Alternate Contact/Relationship: _____

Hm#: _____ **Wk#:** _____ **Cell#:** _____

REGISTRATION and FEE:

\$35 per PK4-5th Grade child

Registration includes T-Shirt.

Extra T-shirts and optional materials can be ordered on a separate form.

of Children _____ x \$35 = \$ _____

(Please make checks out to St. Clare of Assisi Catholic Church)

FOR OFFICE USE ONLY:

Date Rcvd: _____ Rcvd by: _____

Amount \$ _____ Check # _____ Cash _____