

ST MICHAEL THE ARCHANGEL CATHOLIC CHURCH

VBS REGISTRATION

Fee: \$20.00 per Student

Please Print School Year: 20 / 20

Date: _____ Registered Parishioner: ___ Y / ___ N

Father/Guardian's Full Name: _____
Last Name First Name

Mother/Guardian's Full Name: _____
Last Name First Name

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Her Cell: _____ His Cell: _____

Her Email: _____@_____com His Email: _____@_____com

Emergency Contact if above cannot be reached: _____ Phone: _____

| CHILD NAME | DOB | AGE | ALLERGIES |
|------------|-----|-----|-----------|
| | | | |
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| | | | |
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Youth / Adult Shirt Size – S M L XL XXL

Safe Environment Form Received: Y / N

Payment Received: Cash / Check: _____