



St. Joan of Arc Catholic Church

529 West Fifth Street ~ LaPlace, LA 70068
985-652-9100 ~ Fax 985-651-2920

VACATION BIBLE SCHOOL 2019

WHEN: JULY 8 - 12 TIME: 2:00 PM TO 5:00 PM

REGISTRATION FEE \$25 AGES: 4 TO 12

DEADLINE TO REGISTER IS JUNE 21, 2019

Register me for **The Vatican Express!**

Child's Name: _____

Gender: Male _____ Female _____ Birthdate _____ / _____ / _____

Address _____ City _____

Parents/Guardian _____

Cell phone _____ Work phone _____

Email _____

Emergency contact: _____

Relationship to child _____ Phone _____

Signature: _____ Date: _____

For Office Use Only

Registration Fee \$ 25

Amount Paid \$ _____ Check _____ Cash _____

Date Paid _____ Signature _____

**Permission and Medical
Release Form
Vacation Bible School**

I hereby give my permission for my son or daughter to participate with the Vacation Bible School on **July 8th thru July 12th, 2019** sponsored by St. Joan of Arc Office of Religious Education.



Name: _____

Date of Birth: _____

Address: _____

City: _____

Home phone: _____

Work phone: _____

Cell phone: _____

In the event of an emergency in which medical treatment is required, I give permission to the retreat director to obtain the services of a licensed physician, I wish to be notified immediately in the event of any emergency.

Signature: _____

Please be aware of the following medical conditions for my son or daughter:

Other Comments: _____

Family Physician: _____

Name: _____ Phone: _____

Address: _____

City: _____

Signature: _____ Date: _____ (parent/guardian)