

2026 VACATION BIBLE SCHOOL

August 3-6 • 9am - noon (Monday-Thursday)

CHILD REGISTRATION FORM *(entering Kindergarten - 5th grade)*

Please return to Annette or the parish office by July 24.

Suggested donation \$15 per person.

Child's Name: _____ *Grade this Fall:* _____ *Age:* _____

Child's Name: _____ *Grade this Fall:* _____ *Age:* _____

Child's Name: _____ *Grade this Fall:* _____ *Age:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Name of Parent or Guardian: _____

Home or Work Phone: _____ *Cell Phone:* _____

Email Address: _____

Emergency Contact: _____ *Phone:* _____

Food Allergies or other allergies or medical conditions: _____

Please add any other comments or things we might need to know about your child(ren): _____

____ *I give permission for my child(ren) to be photographed for the Diocesan newspaper, St. Peter's video screen, website or other parish use.*

____ *I give permission for my child(ren) to walk or ride city bus to the nursing home and park with the group.*

Parent Signature: _____