

# Our Lady of Lourdes

## 2019 Vacation Bible School

July 15 – 19      9:00 am – 12:00 pm

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

The following additional people may pick up my child:

\_\_\_\_\_

Known Food Allergies \_\_\_\_\_

Special Needs/Restrictions on Activity: \_\_\_\_\_

\_\_\_\_\_

My child has permission to be photographed for church bulletin, poster. etc. \_\_\_\_\_

\_\_\_\_\_

\*\*Note any days you can help at VBS (snacks, crafts) and write available times.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_

\_\_\_\_\_

Cost: \$35      Paid \_\_\_\_\_      Check # \_\_\_\_\_