



Date: \_\_\_\_\_

Youth T-Shirt Size

Names of children:	_____	Age: _____	S M L
	_____	Age: _____	S M L
	_____	Age: _____	S M L

Family Information:

Parents: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Food Allergies? Please Note - \_\_\_\_\_

Medical Conditions? \_\_\_\_\_

Is there a photographic restriction? \_\_\_\_\_

**Please note that our VBS hours are 9:00am until Noon. Please sign your child in and check them out promptly on a daily basis.**

**There is a \$25 fee for Vacation Bible School, per child. This does not cover all of the materials we use, but your part will help! All donations accepted.**

Office Use Only:

Family members are parishioners of St. Elizabeth Ann Seton Parish: Y\_\_\_\_ N\_\_\_\_

Special Notes: \_\_\_\_\_

Fees received: Cash \_\_\_\_\_ Check # \_\_\_\_\_