**St. Lawrence & St. Mary of the Immaculate Conception Parishes**

**2019 Vacation Bible Week**



**WHEN: June 17 - June 21**

**TIME: 9:00 a.m. – 12:00 Noon**

**WHERE: St. Lawrence Church**

**COST:** $15.00 per child $30.00 per family

\*\*\*AFTER JUNE 1 COST is $25.00 PER CHILD $50.00 PER FAMILY\*\*\*

**FOR:** Children ages 4 – 4th Grade

(Children must be 4 years old by June 1, 2019)

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Vacation Bible Week Registration – Please return to Cherie Dejoie. Make check payable to St. Lawrence

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered at which Parish? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Yes, please contact me, as I wish to help with Vacation Bible Week.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please list someone other than parent in case parent cannot be reached.)

Last Name First Name

1st Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Completed\_\_\_\_Age\_\_\_\_M / F

2nd Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Completed\_\_\_\_\_Age\_\_\_\_M / F

3rd Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Completed\_\_\_\_\_Age\_\_\_\_M / F

4th Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Completed\_\_\_\_\_Age\_\_\_\_M / F

Other children I wish to be in same group as my child. Please indicate which child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health issues or learning issues. Please indicate which child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. diabetes, asthma, allergies, learning disabilities, etc.,)

CD’s of the VBS will be available for $10.00 each. Please pre-order in order to receive a copy. \_\_\_\_\_# of CD’s

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Office Use Only: Registration

Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CD’s ordered\_\_\_\_\_\_\_\_\_

Amount Due: \_\_\_\_\_\_\_\_\_\_Amount Paid: \_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_Cash: \_\_\_\_\_\_\_