



VACATION BIBLE SCHOOL

St. Gabriel Church

August 12 - 16, 2019

9:00 - 4:00

REGISTRATION FORM

Child's Information:

Name: _____

Age: _____ Date of Birth: _____ Grade Completed: _____

T-Shirt Size: (circle one) Child sizes: XS S M L Adult sizes: S M L

Allergies or other medical conditions: _____

Family Information:

Parents / Guardians' Name(s): _____

Address: _____

Contact Information:

Home phone: _____ Work: _____ Cell: _____

Email: _____

In case of emergency, contact: _____

Home phone: _____ Cell: _____

Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____

Please return to Parish Office with payment.

Please make cheque payable to: St. Gabriel Church (include VBS in the memo line).