



St. Rita VBS Registration Form

(one per child – please print clearly)

Cost is \$15/Child – Maximum of \$45/Family*

Child's Last Name: _____ Child's Gender: _____

Child's First Name: _____ Prefers to be called: _____

Child's DOB: _____ Child's Age: _____ Grade last completed: _____

Child's T-Shirt Size (circle one) **Child Sizes:** **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) Other _____

Name of parent(s): _____

Street address: _____ City: _____ Zip: _____

Primary telephone: (____) _____ Cell Work Landline

Home email address: _____

Who will be bringing your child to/from VBS? Name: _____

Phone: _____ Relationship to Child: _____

Each child will need to be signed in and out each day. Parent/Caregiver must come into the building to do so.

Please turn in the *Volunteer Form* WITH your registration. Spots are not reserved until payment is received and volunteer form completed and turned in.

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Office Use: Amt Paid: _____ Cash Check # _____ Online

Group Assigned: _____ Leader: _____