



# ST. CECILIA'S Vacation Bible School Registration Form

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ WILL BE IN GRADE \_\_\_\_\_ (k-6)

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

OTHER: \_\_\_\_\_

PLEASE INFORM US ABOUT ANY MEDICAL OR LEARNING CONCERNS.  
FOOD ALLERGIES \_\_\_\_\_

**AUG 6<sup>th</sup> thru Aug 10<sup>th</sup>, 8:30am to 11:30am**  
**REGISTRATION FEE \$25**