



*Saint James the Greater
Vacation Bible School
June 12 - 16 2017
9:30-12:00 Noon - Saint James Church Hall
Children Entering Grades K-4*

Child Name: _____ Age: _____ Grade Entering: _____

Family Name: _____ Phone Number: _____

Address: _____ Zip Code _____

Father's First Name: _____ Mother's: _____

Father's Phone: _____ Mother's: _____

Email #1: _____ Email #2: _____

Does your child have any special needs*? Yes _____ No _____

[*i.e., food allergies, visual, speech, hearing, learning, other physical, and/or mental challenge(s)]
Please provide specific information on this sheet to enable the teacher to better serve the needs of your child. All information given will be treated as confidential, and shared only on a need-to-know basis.

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

FEE - \$25.00 per student – Please make checks payable to Saint James VBS.

Please contact the Religious Education Office (513.741.5335) to volunteer.

Office use only:

Date: _____ Registration Fee: _____ Check #: _____ Cash: _____
