

CATHOLIC VACATION BIBLE SCHOOL

Ages Pre K4 - 5th Grade



" BAYOU ADVENTURE"

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home email address: _____

Child's Age _____ Last school grade completed _____

Home Parish (if any): _____

In case of emergency (when the parent/Guardian cannot be reached) please contact:

Name: _____

Telephone number: _____ Home _____ Cell

Relationship to child: _____

Please list any allergies (including food & bee stings) the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day if there is a change contact Sandy Klohr @ cell # 443 618-5755.

Name:

Telephone: _____ Home _____ Cell

Signature of Parent/Guardian:
