2009 VACATION BIBLE SCHOOL - REGISTRATION FORM

DATE: August 17 thru August 21 **TIME**: 9-11:30 A.M. **COST**: $20.00 per child

Child's Name_____Phone No._____

Address_____Age_____

School Grade Completed by June '09_____Birth Date_____

Mother's Name_____Father's Name_____

List any food allergies_____

List any medical or other problem(s) of which we should be aware _____

Church where registered_____

(PLEASE FILL IN A SEPARATE FORM FOR EACH CHILD REGISTERED)

For Office Use Only: Date Received_____ Fee Paid:_____

- CUT HERE -

Do you have a son/daughter who would like to help in the summer session? Please encourage him or her to call Sister Martha Larkin.

Would you be able to help? If so, please sign the registration form below. Your help would be appreciated, even if only for one day.

I am willing to:

Teach____: Level preferred_____

Be a Teacher's Aide_____Level preferred_____

Help with Music (All grades).___

Be a Helper for: Snacks____Games___

Days Available: Monday___, Tuesday___, Wednesday___, Thursday___, Friday___

Name_____Address_____ Phone_____

Please return registration form as soon as possible, no later than August 14, with payment and also volunteer form to:

Sister Martha Larkin, CSJ
1 Sherman Street
New Hartford, NY 13413

Please make checks payable to: St. John The Evangelist Religious Education.

If you have any questions, please feel free to call me at 724-4347.