



# VBS 2011 Registration Form



June 27<sup>th</sup> - July 1<sup>st</sup>  
9:30 a.m. to 12:30 p.m.

All kids Preschool - 5<sup>th</sup> Grade are Welcome!!



Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_ Member: Yes No

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

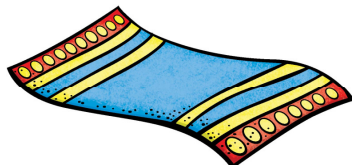
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_



Cost: \$20 per student Family Rate: \$55

Payable to "St. Catherine of Genoa"  
\*\*Financial scholarships available!\*\*

Paid: \_\_\_\_\_

Contact Alaisa Emmens for more information!  
815-784-2355 ext. 18 [alaisa340@atcyber.net](mailto:alaisa340@atcyber.net)