



VACATION BIBLE SCHOOL

KINDERGANTEN THROUGH THIRD GRADE

JUNE 10 THROUGH JUNE 14 FROM: 8:30 AM TO 12:00 PM

<u>Father or Guardian #1</u>	<u>Mother or Guardian #2</u>
Full Name: _____	Full Name: _____
Cell: _____ Home: _____	Cell: _____ Home: _____
Email: _____	Email: _____
I am a member of Blessed Trinity Church <input type="checkbox"/> YES <input type="checkbox"/> No	I am a member of Blessed Trinity Church <input type="checkbox"/> YES <input type="checkbox"/> No

Primary Address of the child/children: _____
 _____ City: _____ Zip Code: _____

Emergency Contact Name: _____ **Phone :** _____

Please complete all information for each child enrolled, if you have more than four children, attach an additional form.

Child #1

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City/State of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupana Christ the King Other

IF **Other**, please write the name and address of the church. **Church Name:** _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

Child #2

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupana Christ the King Other

IF **Other**, please write the name and address of the church. **Church Name:** _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

Child #3

First Name: _____ Middle Name: _____
 Last Name if different from father or guardian: _____
 Date of Birth: _____ City of Birth: _____ Country of Birth: _____
 Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadaluana Christ the King Other
 IF **Other**, please write the name and address of the church. Church Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____ Country: _____
 School Grade Level: K 1 2 3 4 5 6 7 8
 Special Needs/Allergies: _____

Child #4

First Name: _____ Middle Name: _____
 Last Name if different from father or guardian: _____
 Date of Birth: _____ City of Birth: _____ Country of Birth: _____
 Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadaluana Christ the King Other
 IF **Other**, please write the name and address of the church. Church Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____ Country: _____
 School Grade Level: K 1 2 3 4 5 6 7 8
 Special Needs/Allergies: _____

Would you be interested in volunteering during Vacation Bible School week? Yes No

Please advise the Faith Formation staff, and your child[ren]'s catechist if you would like Blessed Trinity to refrain from taking and using photographs of your child[ren] for the purposes of parish promotion and education.

Form Completed by: _____ Date: _____

FEES: \$ 40.00 One child ** \$75.00 ** Two children ** \$105 Three children ** PLUS \$10 each additional child

PLEASE RETURN THIS FORM and PAYMENT TO THE FAITH FORMATION OFFICE BEFORE

JUNE 5TH , 2024

FOR OFFICE USE ONLY

Received from: _____ on _____

Registration Fee in the **Amount** of \$ _____ CASH CHECK no. _____ CREDIT CARD

Payment received by: _____