July 17 - 21, 2017 - Vacation Bible School Registration

SIGNATURE REQUIRED ON BACK

| Children | entering | g Kinderga | rten thro | ugh |
|------------|-----------|------------|-----------|------|
| Fifth Grad | de in the | 2017-2018 | School | Year |

Fee: \$40.00 per child

| | Check Number | | |
|-----------------|---|--|--|
| Date Registered | Credit Form Completed Fee | | |
| // | Amount \$/ Date Received// | | |
| | Checks Payable to: St. Ignatius of Loyola | | |

Please print or type all information. Child(ren) reside with: circle one or both parents

| Family Name | Mother /Guardian's 1 st Name | Cell Number | Work Number | Preferred Email | Yes | No |
|------------------------------|---|-------------|-------------|-----------------|-----|----|
| | Father /Guardian's 1 st Name | Cell Number | Work Number | Preferred Email | Yes | No |
| Child/ren's Resident Address | | City, State | Zip | Home Number | 1 | |

| | | | | | Shirt Size | |
|---|---------------|------------------------|--|---|----------------------|--------------------------------|
| Child(ren)'s First Name(s) (Use <u>Last</u> only if different from Family Name) | Gender M/F | Birthdate M/DD/YYYY | Grade Entering 2017-2018 School Year | Special Needs (Food Allergies, IEP, Reading Difficulties, etc.) | YS YM YL AS | 6-8 10-12 14-16 18-22 |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

EMERGENCY CONTACT INFORMATION

| Name | | Relationship | |
|--|--|---|--|
| Phone Number | | Cell Number | |
| FAMILY STATUS: Please Circle One: | Two-Parent Family | Single-Parent Family | Blended Family |
| CUSTODIAL ORDER: <u>COPY OF ORDER TO</u> | O BE ATTACHED | | DATE OF ORDER |
| Please indicate any special needs or learning | y differences your child has | : | |
| Parents/guardians of participants are advised that from time to time by the Division of Youth and Yo specific written consent.) Parents/guardians who that the Division has no control over the use of pl | oung Adult Ministry or the Arch do not wish their child(ren) to | diocese of Baltimore. (Participants volumes of Baltimore.) be photographed or filmed should s | would not be identified, however, without on notify the office in writing. Please note |
| Date Parent or Guar | | | |
| | PRINT, | SIGN AND DELIVER TO THE FAIT | H FORMATION OFFICES |