June 24 - 28, 2019 - Vacation Bible School Registration

SIGNATURE REQUIRED ON BACK

Children	entering	g Kindergai	rten thro	ugh
ifth Grad	de in the	2019-2020	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 2019-2020 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>	BE ATTACHED		DATE OF ORDER
Please indicate any special needs or learning	differences your child has	:	
Parents/guardians of participants are advised that rom time to time by the Division of Youth and Yous pecific written consent.) Parents/guardians who hat the Division has no control over the use of phase of phase of the use	ung Adult Ministry or the Arch do not wish their child(ren) to	diocese of Baltimore. (Participants volumes) be photographed or filmed should s	would not be identified, however, without so notify the office in writing. Please note
Date Parent or Guard			
	PRINT,	SIGN AND DELIVER TO THE FAIT	TH FORMATION OFFICES