



St Joseph Parish
VACATION BIBLE SCHOOL

High Seas Adventure

Children (first & last name)	Grade (entering 09/10)	Age (as of 08/31/10)	Gender (M / F)
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1. _____

2. _____

3. _____

4. _____

Father _____ Mother _____

Address _____

Phone Numbers

Home _____ Work _____ Cell _____

Fee: \$20 – First child (includes one transfer per child and one CD per family)

\$30 – Two children

\$40 – Three children +(\$10 for each additional child)

Special Concerns: _____

Contact Mary Gilman at 448-0237 for registration information.

Please complete BOTH SIDES of the medical information form included in this packet.

*****Do not write below this line*****

Amount paid \$ _____ check # _____ Date paid _____

1 CD per family _____ # of iron-ons _____ VBS staff initial _____

\$6.00 Charge for additional CDs.