

St. Raphael
Vacation Bible School
Children age 4 (by June 1) through 5th Grade

June 21-25, 9:00AM. - 12:00 Noon
Registration Form, (one per child)

Child's name: _____

Home address: _____

Date of Birth: _____ School grade for 2010-11: _____

Mother's name & daytime phone #: _____

Father's name & daytime phone #: _____

Guardian's name & daytime phone# (if other than parent): _____

In case of emergency & parents cannot be reached please call: _____

Allergies or special considerations: _____

Cost Per Child \$40.00 with registration form **Check payable to
St. Raphael Church**

**Free child care is available for children under 4 of adults
volunteering for High Seas Expedition**

Adult & Student volunteer Service Hours available for Grade 6 - High School

Volunteer's Name: _____ Grade (if applicable) _____

For more information call the Faith Formation Office 821-0155

For Church use only:

Date delivered: _____

Crew #: _____

Amount paid: _____ Check / Cash

Date paid: _____