



ST. JOSEPH PARISH VACATION BIBLE SCHOOL 2019

JUNE 24th—28th 6—8:30 pm

(Please complete one form per child: PLEASE PRINT)

GRADES 1 - 5

(Please return by May 15)

Name: _____

Nickname: _____

Address: _____

Date of Birth: _____

Grade Entering (2019-20):

1

2

3

4

5

Does child attend St. Joseph's Church? YES NO If "no", where?: _____

Allergies: _____

Parents: _____

Contact Number: _____

E-Mail: _____

Emergency Contact Names and Phone Numbers:

1. Name _____

Number _____

2. Name _____

Number _____

We will be having shirts made for the students. Please circle one.

YXS

YS

YM

YL

YXL

AS

AM

AL

AXL

Parent Signature: _____

ATTACHED PERMISSION/MEDICAL FORM MUST ALSO BE FILLED OUT

St. Joseph Catholic Church
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