



## Registration Form for VBS June 18-June 21

- Turn in registration form to Angelo Catholic School, 2315 A & M or Holy Angels Parish office, 2202 Rutgers
- Walk-in registrations week of VBS will be accepted
- One time donation per child for VBS supplies and a t-shirt
- AGES: 4K – entering 6<sup>th</sup> grade
- Your child must be completely bathroom independent to attend VBS

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_  
Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade entering: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_  
Child's age(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade entering: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_  
Child's age(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade entering: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_  
Child's age(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade entering: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

( ) Yes, I will be bringing my child to the hall at 7:45-8:15 for early childcare

Willing to help with Angelo Catholic School 2017 VBS? \_\_\_\_ Yes

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

FMI: call or text Letisia Lopez 325.277.6518