

# SPC 2009 VACATION BIBLE SCHOOL REGISTRATION FORM

**IMPORTANT:** Registration *is limited* to the number of volunteers.

**Cost:** The cost is \$50 per child (Checks made payable to: St Peter Celestine)

**SESSION INFORMATION:** *Each session runs from 9AM to 11:45AM*

**Toddlers (Ages 3-5)** **July 6 - July 10**  
 Yes, I will be accompanying my child for the week.  
**Please note:** Your child **MUST BE** potty trained.  
 **New Kindergarten to New 3<sup>rd</sup> Grade** **July 20 - July 24**

**Age:** \_\_\_\_\_

**NEW Grade:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Special Needs:** *If there are any special needs we need to be aware of please list them below.*

\_\_\_\_\_  
\_\_\_\_\_



**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In case of an Emergency during VBS, and I can not be reached at the above numbers, please call:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Snack Room:** *During my child's session, I can help work the Snack Station on the following days:*

Monday  Tuesday  Wednesday  Thursday  Friday

Please send the enclosed Registration Form along with a check to:  
**St Peter Celestine, 402N Kings Highway, Cherry Hill, NJ, 08034 ... Attn Joanna Schmidt, VBS**  
A Confirmation Letter will be sent out before your session with final details and instructions.

