

Saint Andrew Catholic Church

VBS Registration Form

(One Per Child)

June 4–6, 2024 | 5:30–8:00PM

Fee: \$15 Includes T-shirt and Dinner each night

*t-shirt must be ordered by 5/27

Child's Name: _____

Child's age: _____

Date of Birth: _____

Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Parent/caregiver's cellphone: () _____

Home email address: _____

In case of emergency, contact: _____

Phone: () _____

Relationship to child: _____

Child's T-shirt Size:

YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Allergies, medical conditions, or special needs: _____

