



***Vacation Bible School * St. Peter Catholic Church, BPK**

June 19-23, 2017 9am-12:00 noon

Individual Enrollment Pre-K (4yr) through grade 6

Contact (305) 872-2537 or nancy@stpeterbpk.org

Student's full name _____ Grade _____
Last First Middle Entering Fall 2017

Date of Birth _____

Are you registered at St. Peter Church _____ in St. Peter CCD program? _____

Church affiliation if other than St. Peter _____

Father's name _____ Mother's name _____

Address _____ zip _____
Street City

Mailing address if different: _____

E-mail address _____

HOME Phone # _____ Who best to Contact in an Emergency? _____

Best Contact for Father: CELL _____ WORK _____

Best Contact for Mother: CELL _____ WORK _____

Known allergies or other medical concerns _____

T-shirt size (circle one)

youth S (6-8), youth med (10-12), youth large (14-16)

Adult S (34-36) adult med (38-40) adult large (42-44)

Emergency contact *other* than parent:

Name _____ Phone _____

Address _____ Relationship _____

I would like to volunteer to help with: Games _____

Snacks _____

Music _____

Crafts _____

I am available these days _____ and these hours _____

Name & phone # of volunteer _____

THANK YOU!

