



**St. Charles Borromeo Roar VBS Registration**  
**June 10<sup>th</sup> – 14<sup>th</sup>, 2019 8:30am-12:00Noon**  
**Preschool (3 & 4 year olds – must be potty trained)**

(one per child)

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

*(Costs \$25/child. If you are not able to pay the \$25, any amount you can pay to help with the cost is greatly appreciated. Please do not let finances stop you from signing your child up for VBS. Forms can be mailed to church office : 1000 Fifth Ave, Picayune, MS Thank you and God Bless)*

Parents or Legal Guardian \_\_\_\_\_

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

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

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Parents cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Church: \_\_\_\_\_

Name of a friend your child might like to be with: \_\_\_\_\_

**Emergency Information**

**People other than parents authorized to pick up your child from VBS. (Children will not be allowed to leave with any other person without authorization from parent or guardian.)**

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
1)		
2)		

**In the event of an emergency and neither parent can be contacted, please contact:**

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
1)		
2)		

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_

If a medical emergency should arise while my child is at VBS, June 10<sup>th</sup> - 14<sup>th</sup> 2019, and I cannot be contacted, I hereby give permission to the director and/or staff members of VBS, to order treatment for my child.

**Parent/Guardian**

**Signature** \_\_\_\_\_

***Please fill out back side as to whether or not you would like to order a t-shirt.***



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T-shirts (optional) are \$12.00 each and must be paid for before order is placed.  
Deadline for ordering and paying for t-shirts is Friday May 31<sup>st</sup>.

We will not sell t-shirts at VBS!

\_\_\_\_\_ **Yes, I would like to order a t-shirt. Name and size are below.**

\_\_\_\_\_ **No I would not like to buy a t-shirt.**

Name \_\_\_\_\_ Crew Number (church use only) \_\_\_\_\_

Child Sizes: \_\_\_ XS(2-4) \_\_\_ S (6-8) \_\_\_ M(10-12) \_\_\_ L(14-16)  
\_\_\_ XL(18-20)

Adult Sizes \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

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For office use only:

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ (Initials)

T shirt received \_\_\_\_\_ (Initials)

***For Church Use Only:***

***Crew Number \_\_\_\_\_ Date Registered \_\_\_\_\_ T-shirt ordered \_\_\_\_\_***

***Any questions about VBS please contact Jill Bordelon at (601-916-7082). stcborromeoccd@gmail.com***