



REGISTER NOW

VACATION CHURCH SCHOOL

to _____

Ages _____ - _____
 Everyone welcome!

Please register by _____
 For more information, call _____

The Twelve Great Feasts, Volume II: Feasts of the Life & Ministry of Christ

CRAFTS MUSIC LESSONS WORSHIP ACTIVITIES SNACKS GAMES DAILY ASSEMBLIES

VCS Registration Form

Parent's Name _____ Phone # _____

Street Address _____ Cell/Emergency # _____

City, State, Zip _____ E-mail address _____

Caregiver's Name _____ Caregiver's Phone # _____

Child's Name Baptismal Name Grade Next Fall Age Birth Date

Church/Parish Affiliation _____

Food allergies or other medical conditions we should be aware of _____

Yes, I would like to help with _____

Mail registration to _____

Please enclose \$ _____ per child.