



ST. THOMAS THE APOSTLE CATHOLIC COMMUNITY

VACATION BIBLE SCHOOL REGISTRATION FORM

MONDAY-FRIDAY, JULY 8-12, 2024

1:00 PM - 3:30 PM

Children ages 5 to 10

\$10/child or \$30/family

Parent's Name _____

Address _____

Phone Home _____ Cell _____

Email Address _____

Child(ren)'s Name(s) and Age(s)

_____ age _____

_____ age _____

_____ age _____

_____ age _____

Any allergies we need to know about? _____

I give my consent to allow my child(ren)'s likeness/photos to be included in the parish bulletin and/or St. Thomas's website.

_____ YES _____ NO Date: _____

Parent's Signature _____

Contact Terri Waack (920)726-4427 or Pam Fischer (920)726-4228

mtwaack7400@gmail.com or pfischer7662@gmail.com