



St. MAXIMILIAN KOLBE PARISH

Vacation Bible School

June 19th - 23rd 9:00 am to Noon

Students entering grades PreK4 to 5th

REGISTRATION

Child's Name: _____

Gender: M F DOB: _____ Grade in Sept.: _____

Child's Name: _____

Gender: M F DOB: _____ Grade in Sept.: _____

(additional children can be listed on back)

Parent/Guardian's Name: _____

Contact Phone 1: _____ Phone 2: _____

Parent E-mail: _____

Alternate Pickup Name: _____ Phone: _____

*St. Maximilian Kolbe Parish has my permission to take photos/video of my children for use in the daily slide show shown to the children at VBS: _____ **Yes** _____ **No***

EMERGENCY INFORMATION

Emergency Contact: _____

Relationship: _____ Phone: _____

Allergies/medical conditions: _____

Registration fee: \$40 x _____ (# children) = \$ _____ Total Amount Enclosed

Checks should be made payable to "St. Maximilian Kolbe Parish".
Return form with payment to: St. Maximilian Kolbe VBS, 300 Daly Drive, West Chester, PA 19382.
Registration not processed without payment.

For questions or information please call: 610-399-9642 or e-mail smk-prep@stmax.org