



**BLESSED JUNIPERO SERRA PARISH**

**Vacation Bible School  
JULY 12<sup>th</sup> - 16<sup>th</sup>**

<b>OFFICE USE ONLY:</b>
DATE: _____
AMNT PD _____
CHECK # _____
INITIAL _____

<b>AGES 4 - K</b>
<b>9:00–11:30 A.M. or 12:30-3:00PM</b>
<b>\$25.00</b>

<b>Grades 1- 6</b>
<b>3:30 – 6:30 P.M.</b>
<b>\$30.00</b>

***(Or choose family tuition option of \$100 to include all siblings)***

Child's Name: \_\_\_\_\_

(You may add up to four additional siblings on the other side)

Goes by: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

School grade as of September 2010: \_\_\_\_\_ IF PRE-K, circle one: A.M. P.M.

Please list any special medications, medical conditions or allergies for your child.

Parent's name and signature: \_\_\_\_\_

Home email address \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACT during VBS hours. (Adult who has your permission to transport your child)

Name of contact: \_\_\_\_\_ Phone no. \_\_\_\_\_

**• Please include a payment of \$30.00 per child/ \$25.00 for AGES 4- K / or \$100 family**

**• OPTIONAL:** If you wish to pre-order the VBS Music CD at a 10% discount, Please include \$9.00 per CD. # Of CD's you are pre-ordering \_\_\_\_\_.

Completed forms (with payments) can be dropped at the RE office (943-5912) or mailed to:  
Blessed Junipero Serra Parish, 42121 60<sup>th</sup> Street West, Lancaster, Ca 93536 ATTN: VBS Director  
QUESTIONS? Call Lidia Michael 722-2995 or [Lidia@avcomputercenter.com](mailto:Lidia@avcomputercenter.com)

**Additional siblings:**

Child's Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

School grade as of September 2010: \_\_\_\_\_

**Please list any special medications, medical conditions or allergies for your child:**

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Child's Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

School grade as of September 2010: \_\_\_\_\_

**Please list any special medications, medical conditions or allergies for your child:**

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Child's Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

School grade as of September 2010: \_\_\_\_\_

**Please list any special medications, medical conditions or allergies for your child:**

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Child's Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

School grade as of September 2010: \_\_\_\_\_

**Please list any special medications, medical conditions or allergies for your child:**

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