

**SAINT PAUL & LITTLE FLOWER PARISHES**  
**VACATION BIBLE SCHOOL**  
**9:00 AM - 11:30 AM**  
**June 21—25**  
**At Saint Paul Church in North Canton**

PARENT OR GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

PLEASE CIRCLE PARISH OF REGISTRATION: Saint Paul Little Flower Other: \_\_\_\_\_

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**EMERGENCY INFORMATION**

In the event of a serious accident or serious illness, this procedure will be followed:

1. 911 will be contacted immediately.
2. You, the parent or guardian, will be contacted.
2. If you cannot be reached, the contact person named below will be contacted.

CONTACT PERSON \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

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**VACATION BIBLE SCHOOL FEE**

*Please check amount*

\_\_\_\_\_ \$20 For 1 child                      \_\_\_\_\_ \$30 For 3 children

\_\_\_\_\_ \$25 For 2 children                      \_\_\_\_\_ \$35 For 4 children or more

Please make checks payable to Saint Paul Church or Little Flower Church  
**REGISTRATION FORM AND FEES ARE DUE BY JUNE 1**

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**SIGNATURE OF PARENT OR GUARDIAN**

I, \_\_\_\_\_ agree to my Child's participation in the Saint Paul & Little Flower Vacation Bible School Program.

**OFFICE USE ONLY**

DATE \_\_\_\_\_ PAYMENT \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

*- Over for child information -*

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ T- Shirt \_\_\_\_\_  
*Just completed* **Size**

CHILD'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
*Month Day Year 4 years old by June 1*

Medications, Allergies, Physical and/or Mental Disabilities, Custody Information, or any other information pertinent to the welfare of the child.

\_\_\_\_\_  
\_\_\_\_\_  
*All information is confidential.*

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ T-Shirt \_\_\_\_\_  
*Just completed* **Size**

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