

## Vacation Bible School Registration

Date: June 2 - 6, 2025 Time: 8:30 a.m. - 12:00 p.m.

Location: St. John School, Plaquemine

Please return forms to St. John the Evangelist Church Office in the Parish Hall.

and the second s	t) Shirt Size	Birthdate	Last Grade Completed
Parent/Guardian Name(s)_			
Address			
Home Phone	Cell Phone	Work	Phone
Parent email address(es)		and produced to a social con-	**************************************
Registration Fee – One child Registration Fee – More tha	d (including t-shirt) - \$30.00 p in one child (including t-shirt)	er child. - \$25,00 per child.	
Registration Fee – One child Registration Fee – More tha Enclose a check payable to S	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol	er child. - \$25.00 per child. ic Church VBS for	the total amount
Registration Fee – One child Registration Fee – More tha Enclose a check payable to S	d (including t-shirt) - \$30.00 p	er child. - \$25.00 per child. ic Church VBS for	the total amount
Registration Fee – One child Registration Fee – More tha Enclose a check payable to S Number of children	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol Total of Paymen	er child. - \$25.00 per child. ic Church VBS for	the total amount
Registration Fee – One child Registration Fee – More tha Enclose a check payable to S Number of children Please submit completed for	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol Total of Paymen	er child. - \$25.00 per child. ic Church VBS for t	the total amount.
Registration Fee – One child Registration Fee – More that Enclose a check payable to S Number of children Please submit completed for 1.) Placing your envelop 2.) Return it to the Chu	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol Total of Paymen rms and fees by: be marked <u>ATTN: Vacation Bi</u>	er child. - \$25.00 per child. ic Church VBS for t ble School in the co	the total amount llection basket at any mass.
Registration Fee – One child Registration Fee – More tha Enclose a check payable to S Number of children Please submit completed for 1.) Placing your envelop 2.) Return it to the Chu 3.) Mail it to St. John th	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol Total of Paymen rms and fees by: be marked <i>ATTN: Vacation Bi</i>	er child. - \$25.00 per child. ic Church VBS for t ble School in the co	the total amount llection basket at any mass.
Registration Fee – One child Registration Fee – More that Enclose a check payable to S Number of children Please submit completed for 1.) Placing your envelop 2.) Return it to the Chu 3.) Mail it to St. John the 57805 Main Street, F	d (including t-shirt) - \$30.00 p in one child (including t-shirt) St. John the Evangelist Cathol Total of Paymen oms and fees by: he marked <u>ATTN: Vacation Bister</u> rch Office by hand. he Evangelist Catholic Church Plaquemine, LA 70764	er child \$25.00 per child. ic Church VBS for t	the total amount.  Illection basket at any mass.  Sible School,

Complete one section for each child in your family. (Sections on Back.)

All information will remain confidential to Vacation Bible School staff.

Child's Name	
Allergies, Medications, and/or Medical Conditions	
Activity restrictions	
Parent/Guardian phone number(s)	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be i	eached:
NamePhone	
People authorized to pick up my child	
Child's Name	
Child's Name	
Allergies, Medications, and/or Medical Conditions	
Allergies, Medications, and/or Medical Conditions	
Allergies, Medications, and/or Medical Conditions	
Allergies, Medications, and/or Medical Conditions  Activity restrictions	
Allergies, Medications, and/or Medical Conditions  Activity restrictions  Parent/Guardian phone number(s)	
Allergies, Medications, and/or Medical Conditions  Activity restrictions  Parent/Guardian phone number(s)  Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reference.	
Allergies, Medications, and/or Medical Conditions	eached:
Allergies, Medications, and/or Medical Conditions  Activity restrictions  Parent/Guardian phone number(s)  Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reference.	eached:

Please return all completed Registration/Permission to: St. John the Evangelist Church VBS 57805 Main Street, Plaquemine, LA 70764