2017 Vacation Bible School

June 19-23/ 9am to noon daily

St. Elizabeth of Hungary / Pflugerville, TX

Registration Form

Open to PreK-4 yr old thru incoming 6th grade students

Volunteer opportunities for students entering 7th thru 12th grade and adults *(please complete Volunteer Form)*

**Registration fee includes 1 Music CD per family & t-shirt for each registrant.**

**{Registrations received after May 27 increase to $50; t-shirt not guaranteed}**

**Space for LTC, incoming 5th& 6th Grade, is limited to 30 participants.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | FIRST NAME | LAST NAME | Date of Birth | AGE | GRADE FALL 2017 | Shirt SizeS/M/L/AS/AM | Cost |
| 1. |  |  |  |  |  |  | **$40** |
| 2. |  |  |  |  |  |  | **$40** |
| 3. |  |  |  |  |  |  | **$40** |
| 4. |  |  |  |  |  |  | **N/C** |
| 5. |  |  |  |  |  |  | **N/C** |

 **Total Due $\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name:**

**Mailing Address:**

**City:** **State**: **ZIP**:

C**ell (\_\_\_\_) Home Phone:** (\_\_\_\_\_)

**E-mail address:**

**In case of emergency, contact:** **Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies or other medical conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: 50% discount for Volunteer children/siblings***

***Return via email to*** ***re@stelizabethpf.org***

Escuela de Biblia

de Vacaciones 2017

19-23 de Junio

St. Elizabeth of Hungary / Pflugerville, TX

Forma de Registro (Uno por famila)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nombre Inicial | Apellido | FDN | Años | GRADO escuela 2017 | Camisa S/M/L/AS/AM | Precio |
| 1. |  |  |  |  |  |  | **$40** |
| 2. |  |  |  |  |  |  | **$40** |
| 3. |  |  |  |  |  |  | **$40** |
| 4. |  |  |  |  |  |  | **N/C** |
| 5. |  |  |  |  |  |  | **N/C** |

 **COSTO $\_\_\_\_\_\_\_\_\_\_\_**

**Nombre Padres\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Direccion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TelefonoCasa: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Numero Alterno/Celular: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contactos En Caso De Emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relación Al Niño: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requerimientos De Ensenanza Especiales Alergias O Requerimientos Nutricionales Especiales?**

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***Return via email @*** ***mailto:re@stelizabethpf.org?subject=VBS Registration***