

**St. John Neumann VBS 2019  
REGISTRATION FORM**

Registration fee is \$50 per child, and is non-refundable.  
*Make checks payable to: St. John Neumann.*

\_\_\_\_\_ Yes – I would like to pre-order the music CD. My \$7.00 payment is included!

\_\_\_\_\_ Yes – 4 & 5 year olds only – My child has previously attended pre-school.

Parent Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Emergency contact person during VBS Hours: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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1<sup>st</sup> Child's Name: \_\_\_\_\_

T-Shirt size:      Child – S   M   L                  Adult – S   M   L

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                  Grade in Fall 2019: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Other Medical/Behavioral Considerations: \_\_\_\_\_

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2<sup>nd</sup> Child's Name: \_\_\_\_\_

T-Shirt size:      Child – S   M   L                  Adult – S   M   L

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                  Grade in Fall 2019: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Other Medical/Behavioral Considerations: \_\_\_\_\_

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3<sup>rd</sup> Child's Name: \_\_\_\_\_

T-Shirt size:      Child – S   M   L                  Adult – S   M   L

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                  Grade in Fall 2019: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Other Medical/Behavioral Considerations: \_\_\_\_\_