



**St. Francis of Assisi Church VBS 2022**

**July 11-15 2022      Grades K-5**

**Please Register by July 4, 2022**

Parent(s) Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact (first and last name): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt size:(check one) S(6-8)\_\_\_\_ M(10-12)\_\_\_\_ L(14-16)\_\_\_\_ Adult S\_\_\_\_ Adult M\_\_\_\_ Adult L\_\_\_\_

Grade as of Aug. 2022: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt size:(check one) S(6-8)\_\_\_\_ M(10-12)\_\_\_\_ L(14-16)\_\_\_\_ Adult S\_\_\_\_ Adult M\_\_\_\_ Adult L\_\_\_\_

Grade as of Aug. 2022: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt size:(check one) S(6-8)\_\_\_\_ M(10-12)\_\_\_\_ L(14-16)\_\_\_\_ Adult S\_\_\_\_ Adult M\_\_\_\_ Adult L\_\_\_\_

Grade as of Aug. 2022: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

**Mail this form to: Janice Lampe 821 Adams Street, Aviston, IL 62216**

**\*A \$15 donation per child is requested to help cover costs**

**\*\* Please make checks payable to- St. Francis Church**