

St. Kateri Tekakwitha Church
Kateri's Kids
Vacation Bible School
Parable of the Lost Sheep
2019

DATES: July 1,2,3 ONLY

TIMES: 9am - 12noon

LOCATION: St. Kateri Faith Formation Building

Mail/Return form, by **June 10th**, to:

St. Kateri Tekakwitha Church
 VBS- Parish Office
 1925 Route 82
 LaGrangeville NY 12540

BOTH SIDES MUST BE COMPLETED

Contact: Judy Horton
 Phone: 845-226-8987

GRADE ENTERING IN SEPTEMBER

Child's Name: _____

Child's Name: _____

Child's Name: _____

Grade K	Grade 1	Grade 2	Grade 3	Grade 4/5

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: _____ Phone: _____

_____ I DO NOT want pictures taken of my child during VBS

Registration fee per child

\$25.00 for 1 = \$ _____

\$40.00 for 2 = \$ _____

\$60.00 for 3 = \$ _____

Total \$ _____

Please Specify # T-Shirt Sizes

Child	S	M	L		
Adult	S	M	L	XL	XXL

Make checks payable to: St. Kateri Church

Date: _____ Paid: _____

KATERI'S KIDS VBS 2019 SPECIAL NEEDS INFORMATION FORM

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

NATURE OF SPECIAL NEED

_____ Physical (impairment, seizures, etc.)

_____ Medical (allergies, diabetes, asthma, etc.)

_____ Learning (ADD, processing difficulty)

Please explain specifically and in detail the nature of your child's special need.

How can we best accommodate your child's special needs?

Any other information you think we should know about your child?

IF YOUR CHILD NEEDS TO TAKE MEDICATION (EX. INHALER, EPIPEN) WHILE AT VACATION BIBLE SCHOOL, A DOCTOR'S NOTE MUST BE SUBMITTED BY THE FIRST DAY OF VBS (JULY 1 st).