

# VBF STUDENT REGISTRATION (For students entering K-4<sup>th</sup> in the fall of '10)

**Complete this form and return it with payment to the VBF registration table after masses at St. Elizabeth Ann on the weekend of April 10/11 or to St. James the weekend of April 24/25. You may also mail forms and payment to the address below.**

Parent's Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish: SEA or SJ

Emergency Contact Name/Number: \_\_\_\_\_

Any allergies or medical conditions we should be aware of?  No  Yes *(Please list on back.)*

Who will your child/children be going home with during VBF?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Children attending VBF:**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

**Registration Cost:** *Make checks payable to: SJS VBF*

Number of children in K-4 attending: \_\_\_\_ x \$25 each = \_\_\_\_\_. (\$50 family maximum) \$

YES! I want a CD of this year's VBF songs! \_\_\_\_\_ CD(s) x \$5 each = \$

YES! I am volunteering and would like to use the FREE nursery for my 0-3 yr .old children.  
*(Please request a separate Nursery/Preschool form at the registration table.)*

YES! I am volunteering at least 3 days and would like my 3/4 yr. old in the preschool program.  
*(Please request a separate Nursery/Preschool form at the registration table.)*

Number of children in preschool program \_\_\_\_ x \$10 each = \$

\*\* **LATE FEE** - \$10 *per child* after May 14<sup>th</sup>. \_\_\_\_\_ children registered x \$10 each = \$

**Total Payment:** \$

**No registrations can be accepted after May 21<sup>st</sup>.**

**Questions?** Call a VBF Director: **Christa Monti** (571-6558), **Sarah Pritza** (496-3098), **Becki Swanson** (445-0340) or **Joanne Blaylock**, 6221 North 114<sup>th</sup> Street, Omaha, NE 68164 (493-0589).

*For Director Use only:* Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

*Music CD: Paid \_\_\_\_\_ Delivered \_\_\_\_\_*