

Son Quest Rainforest 2010
St. Thomas Vacation Bible School
Registration Form
One form per child

Child's Name _____

Parent's Name _____

Street Address _____

Town _____

Phone # _____ *Present Grade Level* _____

Date of Birth _____

Emergency Contact Name _____ *Phone#* _____

Known Allergies or Medical concerns _____

Please Circle One:

I am willing to volunteer, please call me.

I am unable to volunteer.

Please return this completed form with a \$50 non-refundable fee to the Religious Education Office by June 11th. Any forms received AFTER June 11th will be charged a \$10 late fee. Please make checks payable to St. Thomas the Apostle.