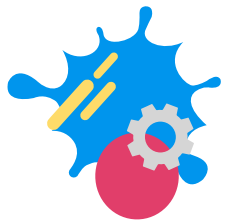




Please register my child(ren) for Summer Vacation Bible School at St. James Parish.



Last Name: _____

Parent(s)'s Name(s): _____

Address: _____

Best number to contact: _____

Child's Name _____

Date of Birth: _____ Grade for Fall 2021: _____

Program (choose one):

- Full Day (Gr. 1-4) 8:15 AM - 3 PM
- Half Day (Gr. 14) 8:15 - 1 PM
- Evening (Gr. 5-8) 5 PM - 8 PM



Child's Name _____

Date of Birth: _____ Grade for Fall 2021: _____

Program (choose one):

- Full Day (Gr. 1-4) 8:15 AM - 3 PM
- Half Day (Gr. 14) 8:15 - 1 PM
- Evening (Gr. 5-8) 5 PM - 8 PM

Child's Name _____

Date of Birth: _____ Grade for Fall 2021: _____

Program (choose one):

- Full Day (Gr. 1-4) 8:15 AM - 3 PM
- Half Day (Gr. 14) 8:15 - 1 PM
- Evening (Gr. 5-8) 5 PM - 8 PM



*I would love to volunteer and help out at VBS for (circle one):
Full Day Half Day Evening Any program All programs*

Please return this form to the St. James Parish Religious Ed office by July 12, 2021.



For more information, contact Irma Do (717-869-6120, irli928@icloud.com)

