



# St. Ambrose on The Hill

## Vacation Bible School (VBS)

June 23 - 27, 2014\*  
6:00 p.m. – 8:00 p.m.

\*Camp will conclude with a Closing Mass  
and Donut Reception:  
**Sunday, June 29 @ 9:00 a.m.**

For incoming PreK students to incoming 6<sup>th</sup> graders.

### REGISTRATION FORM

Please complete one form per child.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in 2014-15: \_\_\_\_\_

All are welcome to join us! It is not required to be a St. Ambrose Parishioner, nor attend St. Ambrose Catholic School.

### PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Please contact me regarding VBS Volunteer opportunities: \_\_\_ Yes \_\_\_ No Please contact me regarding VBS Volunteer opportunities: \_\_\_ Yes \_\_\_ No

Your Parish/Church: \_\_\_\_\_ School attending in 2014-2015: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

### EMERGENCY CONTACTS (other than parents or doctors):

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

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

H: \_\_\_\_\_ H: \_\_\_\_\_ H: \_\_\_\_\_

C: \_\_\_\_\_ C: \_\_\_\_\_ C: \_\_\_\_\_

W: \_\_\_\_\_ W: \_\_\_\_\_ W: \_\_\_\_\_

PHYSICIAN NAME, Clinic, and Phone Number: \_\_\_\_\_

For emergency medical treatment of my child, my preferred hospital is: \_\_\_\_\_ Hospital #: \_\_\_\_\_

### OTHERS AUTHORIZED FOR PICK-UP from VBS (other than Parents listed above):

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

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

### FULL PROGRAM FEE:

**By June 2<sup>nd</sup>:** One child = \$25.00. Two or more children (family) = \$50.00 total

**After June 2<sup>nd</sup>:** One child = \$30.00. Two or more children (family) = \$60.00 total

**ON MONDAY, JUNE 23<sup>rd</sup>: BRING WHITE T-SHIRT TO BE returned changed.**

Return this form & fee (cash or check payable to St. Ambrose) to:

St. Ambrose's Rectory @ 5130 Wilson / St. Louis, MO 63110

or

St. Ambrose Catholic School @ 5110 Wilson / St. Louis, MO 63110

For more info, email: stambrosevbs@gmail.com or  
phone: Stacey Walsh 314.600.8072 or Christina Sanders 314.440.4455