



VACATION BIBLE SCHOOL - CHRIST OUR KING PARISH
Monday, June 21 - Friday, June 25 - 9:00-12:00

FAMILY NAME: _____

ADDRESS: _____

PHONE: HOME: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

(Register each child attending as to the grade they were in the *last school year 09/10*)

| GRADE: | CHILD'S NAME |
|---------------------------|--------------|
| 3 Preschool (3 by 9/1/09) | _____ |
| 4 Preschool (4 by 9/1/09) | _____ |
| 5 Kindergarten | _____ |
| Grade 1 | _____ |
| Grade 2 | _____ |

Fee: \$45.00 per family. Notice to full time volunteers: your time and talent given to this program will replace the fee.

I will volunteer for: ___Teacher ___Teacher's Aide ___Crafts ___Music
___Playground ___Wherever I am needed

Any questions, Call Sharon Willi at 971-8083 or email swilli@christourking.org