

ST. JOHN BOSCO PARISH Vacation Bible School 2025

July 14-18 5:30 p.m. – 8:00 p.m.

VBS is for ages Preschool (POTTY TRAINED 3, 4, and 5 year olds) thru 6th Grade (in the fall 2025)

Parent(s) (include Fai	mily Nam	e):			
Address:					
Phone Numbers: Home:					
Emergency Contact Name:				Phone:	
Email:			Home Parish:		
					es 🗆 Music 🗖 Snacks
Child's Full Name	Date of Birth	Age	Grade In the Fall (circle one)	T-Shirt Size	Special Needs, Allergies, or Medical Conditions
			$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Youth S M L Adult S M L	
			$\begin{array}{c} 4^{\text{th}} & 5^{\text{th}} & 6^{\text{th}} \\ \hline P \ K \ 1^{\text{st}} & 2^{\text{nd}} & 3^{\text{rd}} \\ 4^{\text{th}} & 5^{\text{th}} \ 6^{\text{th}} \end{array}$	Youth S M L	
			$\begin{array}{cccc} P \ K \ 1^{st} & 2^{nd} & 3^{rd} \\ & 4^{th} & 5^{th} \ 6^{th} \end{array}$		
			PK 1 st 2 nd 3 rd	Youth S.M.I	
			$\begin{array}{c} 4^{\text{th}} 5^{\text{th}} 6^{\text{th}} \\ \hline P K 1^{\text{st}} 2^{\text{nd}} 3^{\text{rd}} \\ 4^{\text{th}} 5^{\text{th}} 6^{\text{th}} \end{array}$	Youth S M L Adult S M L	
*If a	different s	hirt siz			ded please write it in.
Please complete either Part 1 or Part 2					
Part 1: I give consent fo	r my child's	s unide	ntified photograph t	o be used for S	t. John Bosco publication purposes.
Signature: Date:					
Part 2 : I DO NOT give of purposes.	consent for	my chi	ld's unidentified ph	otograph to be	used for St. John Bosco publication
Signature:		Date:			
Return this form and Make checks payable	-			sco Parish O	ffice by July 8, 2025.
If you have any question	s, please co	ntact: I	Melissa Haller-Stre	eichert @ 440-	567-8340.

For Office Use Only: Date Received: Payment Type:
Cash Check #