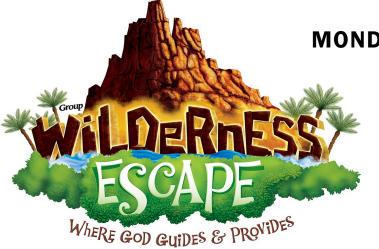


VACATION BIBLE SCHOOL 2014



Adults and Teens, can you help?
Name and Phone Number \_\_\_\_\_

In what areas/days are you able to help? \_

**MONDAY, JUNE 23-FRIDAY, JUNE 27** 

9:00 A.M. TO 12:00 NOON AFTERCARE AVAILABLE UNTIL 5:00 P.M.

At St. John's Church, 906 S. Orleans Avenue

Ages 3—10

Cost: \$25 (aftercare is an additional \$25)

Contact <a href="mailto:lbaldwin@stjohnstampa.org">lbaldwin@stjohnstampa.org</a> for more information.

VBS 2014 Regist	ration Form	
Child's Name		Gender
Birthdate	Age on June 23, 2014	Grade in Fall 2014
Parent(s) Name(s)_		
Home Address		
Home Phone	Cell Phone	
Parent Email(s)		<del></del>
<b>Emergency Contact</b>	Name	Relationship to Child
Phone Number		
Allergies or other m	edical conditions	
consent to Leland T. E	Baldwin and St. John's Church to pr	St. John's VBS 2014. As a parent, I do hereby give rovide all medical or dental emergency care provided
Cost is \$2	25 for VBS for the week. Afterca	are is an additional \$25 for the week.
	, , ,	our registration by Friday, June 13.
If you need financial assistance, please contact Fr. Chip Connelly at cconnelly@stjohnstampa.org.		