

PARISH \_\_\_\_\_  
Pd. \_\_\_\_\_ Unpaid \_\_\_\_\_ Cash \_\_\_\_\_  
Amount \_\_\_\_\_ Check \_\_\_\_\_

OFFICE USE

REGISTRATION FORM  
SUMMER BIBLE SCHOOL  
July 28-31, 2008

FAMILY NAME \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

PARISH \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

\_\_\_\_\_ Phone \_\_\_\_\_

Please note: Participants MUST BE ENTERING pre-school through Grade 5.  
Fees: \$25 per child, or \$30 per family. Please make checks payable to  
Summer Bible School

PLEASE PRINT.....BIG LETTERS

Child's Name Information	Birthdate	Age	Grade in Fall	Special
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My child has my permission to participate in all activities of Summer Bible School.

Parent's Signature \_\_\_\_\_

I will not hold the Iowa City Catholic Community responsible or liable for any accidents or injury.

Parent's Signature \_\_\_\_\_

I will be able to help with the Summer Bible School: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, please complete the Adult Volunteer Form