



Saint Simon the Apostle Church

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CATHOLIC VACATION BIBLE SCHOOL REGISTRATION FORM

Maker Fun Factory; created by God, Built for a Purpose
Week of August 21st thru 25th 9:00-12:00pm
Please send your child with a snack. (water will be provided)

Family Name: _____

Address: _____

Home#: _____ **Cell 1#:** _____ **Cell 2#:** _____

Email(s): Mom _____

Dad _____

Name(s) of Child/Children **Birth Date** **Grade in September**

Emergency Contact Info

Name: _____ **Cell#** _____ **Home#** _____

Name: _____ **Cell#** _____ **Home#** _____

Registration Fee: (Return fee of \$15 with this completed form)

Please make checks payable to St. Simon's

In order for us to make your child's CVBS Experience the best possible, please make us aware of any special needs your child may have (i.e. IEP in school, allergies, medications, etc.).

Volunteers (6th Grade and Above, Adults included)

We are looking for volunteers for our program. Please check below if you would like to help out. Also let us know if you have any special skills that you feel would benefit our program.

____ Yes, I would like to be a volunteer.

If you have any questions, please contact the Rectory Office at 973-697-4699.