

2016 VACATION BIBLE SCHOOL

CHILD REGISTRATION FORM

Please return to Annette or the parish office by August 8

Child's Name: _____

Grade in School this Fall: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Food Allergies or other allergies or medical conditions: _____

Please add any other comments or things we might need to know about your child: _____
