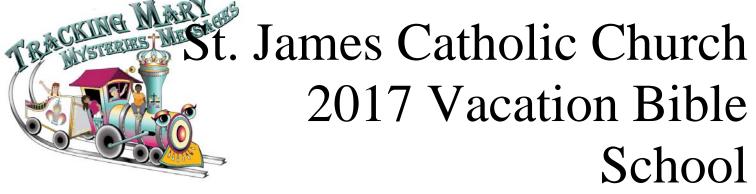


REGISTRATION FORM

| Child's Name | | |
|--|---|--------------|
| Parent/Guardian Name | | |
| Address | (street address, city, state, and zip code) | |
| Mailing Address (if different | t) | |
| Home Phone | Work Phone | |
| Cell Phone | Email | |
| Child's Birth date | Last grade completed in school | T-Shirt Size |
| Allergies/Medical or other information we need to know. (Please include any food allergies.) | | |
| Emergency Contacts (Other | than listed above.) | |
| Name | | Phone number |
| Name | | Phone number |
| Who may pick up your child at the end of each VBS evening? | | |
| Does your child attend Catholic School or Religious Education? If so where? | | |
| What Church does your family attend? | | |



May we have permission to photograph your child and use photos for promotion? Yes No

Names of adults who will attend the ADULT VBS Tract?