

Registration Form



JULY 19-23
9-12 noon

\$15 per child

Family last Name: _____

Street address: _____

City: _____ **ZIP:** _____ **Home telephone:** (____) _____

Mom's name: _____ **Contact number:** _____

Dad's name: _____ **Contact number:** _____

Caregiver's name: _____ **phone:** _____

Child's name: _____ **Child's age:** _____ **Group:** _____

Date of birth: _____ **Last school grade completed:** _____

Allergies or other medical conditions: _____

Child's name: _____ **Child's age:** _____ **Group:** _____

Date of birth: _____ **Last school grade completed:** _____

Allergies or other medical conditions: _____

Child's name: _____ **Child's age:** _____ **Group:** _____

Date of birth: _____ **Last school grade completed:** _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Relationship to child: _____

I WOULD LIKE TO BE A MEMBER OF THE CREW AS A STATION LEADER OR A CREW LEADER (6th graders through adult)

Name: _____ **Contact #** _____

I hereby authorize the following person(s) listed below to drop off and/or pick up my child (ren) listed above at St. Michael the Archangel Catholic Church for vacation Bible School, Monday, July 19 through Friday, July 23, 2010: _____

(Parent signature)

(Date)

Person(s) dropping off/picking up: _____ **Contact #** _____

Office Use Only

Date _____ **Amt. Pd** _____ **Check#** _____ **Cash** _____ **Receipt#:** _____

Crew number or name: _____