



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

I give permission for my youth to take part in Vacation Bible School. I further will not hold the church or any provider responsible for any injuries or accidents that may occur. In case of an emergency, I give my permission for you to take necessary action and to transport my child to and from destinations away from Our Lady of the Lake.

Parent's Signature _____ Date _____