

St. Patrick Catholic Church - VBS Registration Form

June 4th - 8th 2018 (9 a.m. - 1 p.m.)



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: _____

Friend or Family your child would prefer to be paired with (Optional):

Allergies or other medical conditions:

IN CASE OF EMERGENCY (Best Contact Info)

Name:	Relationship to Student:	Home:	Cell:
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<i>Patient/Guardian signature</i>		<i>Date</i>
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