

HOLY ANGELS VBS 2018 REGISTRATION FORM



(ONE FORM PER FAMILY)

Name(s) and grade(s) of participants:

Parents' Name: _____

Street address: _____

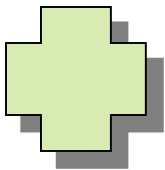
City _____ State _____ Zip _____

Home # (____) _____ Cell # (____) _____ (Cell # 2) (____) _____ (optional)

Home e-mail address _____

Number of family members participating in SHIPWRECKED VBS: _____

Will parents be helping in other areas of SHIPWRECKED VBS? _____
Where? _____



***EMERGENCY CONTACT OTHER THAN PARENT, REQUIRED* :**

Name: _____ Phone # : _____ Cell #: _____

Allergies or other medical conditions _____

Home church _____

Name of a special friend your child might like to be with _____

****FOR CHURCH USE ONLY ****

_____ GROUP name

**ALL FAMILIES MUST ALSO
FILL OUT ARCHDIOCESAN
MEDICAL FORM (over)** 