

CHILD REGISTRATION FORM FOR QUEEN OF HEAVEN VBS 2019



CHILD'S First Name: _____ Last Name: _____

Gender (circle one): Male Female

Grade entering in fall 2019: _____ Date of birth: _____

Shirt size (CIRCLE ONE): YXS YS YM YL

Medical concerns: _____

Special needs/learning styles: _____

FOOD ALLERGIES (PLEASE BE SPECIFIC AS WE PROVIDE SNACK EACH DAY):

Siblings and friends might not be placed in the same mixed-age crew, but could travel together in the same group if desired. Please list any names that you would like your child to be placed with (or any children that might not be a good fit.) We will do our best to honor requests.

Would you like to purchase a CD of all the music from the week? Price will be \$8.

Circle one: YES NO

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

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Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Other emergency contact or authorized pick-up person:

Name: _____ Phone: _____

Relationship to child: _____

Any other comments or important information that we should know about your child:

Family's Church/Parish: _____

PHOTO ACKNOWLEDGEMENT AND CONSENT:

I give permission for photographs in which my child appears to be used for slideshows and/or emailed to participating families through daily updates from Queen of Heaven VBS.

Printed name of Parent/Legal Guardian _____

Signature: _____

**THANK YOU FOR COMPLETING BOTH SIDES OF THIS FORM. Please place in registration box.
There should be one form completed for each camper attending.**