



2019 OLL VACATION BIBLE SCHOOL

STUDENT REGISTRATION FORM

(Ages 4 to 5th grade)

JULY 29-AUGUST 2 FROM 9AM-NOON

CHILD'S NAME: _____

CHILD'S GENDER: _____ CHILD'S AGE: _____ DATE OF BIRTH: _____

GRADE (in the fall): _____ SCHOOL: _____

NAME OF PARENT(S)/CAREGIVERS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

PARENT/CAREGIVER CELL PHONE: _____

E-MAIL ADDRESS: _____

HOME CHURCH: _____

WOULD YOUR CHILD LIKE TO BE WITH A FRIEND? _____

EMERGENCY CONTACTS during VBS

ALLERGIES OR MEDICAL CONDITIONS: _____

Please provide 2 emergency contacts for your child;

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

I hereby **DO** or **DO NOT** (please check one) give permission for my child, _____ to have his or her picture taken while attending VBS at Our Lady of the Lakes. I understand that pictures will be used for church purposes **ONLY**.

PARENT NAME (printed): _____

PARENT SIGNATURE: _____

DATE: _____

RETURN FORM TO THE RELIGIOUS EDUCATION OFFICE/PARISH CENTER WITH PAYMENT BY JULY 1ST. LIMITED SPACE AVAILABLE

Please make checks payable to: Our Lady of the Lakes