

Vacation Bible School Registration for 2010

Price per child is \$25.00

OFFICE USE ONLY

Check Number _____

Amount \$ _____

Date Received ____/____/____

Student Name: _____ **Sex:** _____

Date of Birth: ____/____/____ **Allergies:** : _____ **Medications:** _____

School Attending: _____ **Entering Grade:** _____

Student Name: _____ **Sex:** _____

Date of Birth: ____/____/____ **Allergies:** : _____ **Medications:** _____

School Attending: _____ **Entering Grade:** _____

Student Name: _____ **Sex:** _____

Date of Birth: ____/____/____ **Allergies:** : _____ **Medications:** _____

School Attending: _____ **Entering Grade:** _____

Family Information: Please fill out completely and clearly

Family's Last Name: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Mailing Address: _____

Phone Numbers:

(H): _____ **(W):** _____ **(C):** _____

E-mail: _____

2nd E-mail: _____

Emergency contact:

_____ **Relationship:** _____ **Phone:** _____

Family Status: ___ Two-parent Family ___ Single-parent Family ___ Blended Family

Is there a Parent Custodial Order? If so, please explain:

Please indicate any special needs or learning differences your child has:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature