



# Divine Word VBS June 10<sup>th</sup> – June 14<sup>th</sup>

## Registration form (One per child)

Registration fee: 30.00

Child's name: \_\_\_\_\_

Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_ City, \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone: ( \_ ) \_\_\_\_\_

Parent/caregiver's cellphone: ( \_ ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Childs T shirt Size: \_\_\_\_\_

Allergies, medical conditions. or special needs: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

