

VBS REGISTRATION - AUGUST 6-9, 2018

BATTLE OF THE GODS

Child's name _____

Age _____ Birth date _____ Last school grade completed _____

Name of parent(s) _____

Address _____

City/State/Zip _____ Home phone _____

Parent/caregiver's cell phone _____

Home email address _____

In case of emergency, contact _____

Home church _____

Any information we need to know about your child this week (allergies, special needs, etc.)?

By checking this box, I give Holy Cross permission to use any photos or video for the website or church-related activities.