

CHILD REGISTRATION FORM FOR QUEEN OF HEAVEN VBS 2021



CHILD'S First Name: _____ Last Name: _____

Gender (circle one): Male Female Age: _____

Grade entering in Fall 2021: _____ Date of birth: _____

Shirt size (CIRCLE ONE): YS YM YL AS

Medical concerns: _____

Special needs/learning styles: _____

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

Siblings and friends might be placed in the same crew or 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 \$8.00.

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 during the camp or on the Queen of Heaven parish website (no names will be displayed), and/or for photographs to be emailed to participating families through daily updates from Queen of Heaven VBS.

Printed name of Parent/Legal Guardian: _____

Signature: _____

Payment of \$20.00/child or a maximum \$40.00 total per family is due upon check-in on June 21, 2021.

THANK YOU FOR COMPLETING BOTH SIDES OF THIS FORM.

There should be one form completed for each camper attending.

For Office Use Only	Payment: Check# _____ or Cash	Amount Paid: _____
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