

REGISTRATION Holy Cross VACATION BIBLE SCHOOL – 2009

August 17th-August 21st, 2009

9 a.m. to noon

Grades K-5

Family Name

Street Address

Town _____ ZIP _____

Home phone _____ Cell phone _____

E-mail

Church attending & location

Child's Name	Birth Date	Grade Entering Fall 2009
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

Does your child have any other special needs?

Special medications taken

Tuition is \$25 per child, maximum of \$50 per family. Please Make Checks payable to Holy Cross VBS. Checks can be dropped off at the Religious Ed. Office or mailed to Holy Cross 225 Purchase St. So Easton, Ma Contact Terry 508-285-5329 or Kathy 508-238-1663 if Financial Assistance is needed.

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

My child has my permission to attend and participate in all VBS Activities at Holy Cross. I agree not to hold Holy Cross or any of the volunteers at Holy Cross accountable for and damages or losses resulting from my child participating in the VBS activities. In the event of serious injury or illness, I give Holy Cross Volunteers permission to seek appropriate medical treatment and transportation, as may be necessary, for my child, if I, or my emergency contact, cannot be reached.

Signature: _____ **Date:** _____

Medical treatment will be covered by:

Name of Insurance Company _____ Policy #

Name of Policy Holder _____ Relationship

Insurance Mailing Address

Employer of Policyholder

Address of that Employer

Family Doctor _____ Phone #

List anyone who will be authorized to pick up your child.

Registration must be received by June 19. Thank you!
