

REGISTRATION Holy Cross VACATION BIBLE SCHOOL – 2011

August 15th-August 19th, 2011

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 2011
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies _____

Does your child have any other special needs? _____

Special medications taken _____

**Tuition is \$30 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 02375
Contact Terry 508-285-5329 or Stephanie 508-297-2217 if Financial Assistance is needed. Please return registration forms by June 19th.**

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, please include your name and your spouse's name if applicable.

