



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Parent Signature _____ Date _____

_____ Yes, I can volunteer. Circle day: Monday Tuesday Wednesday Thursday Friday

Amount Paid: _____ Circle T-Shirt Size YOUTH Sm Med Lg XL ADULT Sm Med Lg XL

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Permission to photocopy this resource from Group's Roar VBS granted for local church use.
Copyright © 2019 Group Publishing, Inc., Loveland, CO. group.com/vbs

**SEND REGISTRATION TO: Sacred Heart Church 4776 Saratoga, 92107 or Email:
Therese Flaningam: tireneflan@yahoo.com 619-886-8337**