

VACATION BIBLE SCHOOL REGISTRATION FORM
All Children aged 4 though entering 5th Grade
July 22 – 26, 2019
6:00 PM – 8:00 PM
Holy Trinity Parish

Student's Name _____

Birth Date _____

Father's Name _____

Mother's Name _____

Home Address _____

Phone # _____

Cell phone # _____

E-Mail Address _____

Emergency Contact Name _____

Phone # _____

Relationship of above to child _____

Relevant Medical Conditions/Allergies _____

Physical Activity Restriction _____

School Now Attending _____

Grade _____

If Pre-K – Age _____

Registered Member of Holy Trinity Parish ? _____ Yes _____ No