

Our Lady of Victory  
Vacation Bible School  
Registration  
2011 – June 20-24

Name of child \_\_\_\_\_

Grade of child in fall 2011 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Home # \_\_\_\_\_

Parents' names \_\_\_\_\_

Parent Email Address \_\_\_\_\_ (required)

Parents' cell #s    Mother \_\_\_\_\_ Father \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact person's # \_\_\_\_\_

Siblings in program \_\_\_\_\_

Please circle T-shirt size

Child: S    M    L    Adult: S    M    L    XL

Does your child have a medical condition (such as food or bee sting allergy) of which we should be aware? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE EITHER PART I OR PART II:

PART I: I give consent for my child to receive emergency medical care if I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART II: I do NOT give consent for my child to receive emergency medical care if cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_