

**Church of St. Rosalie
Vacation Bible Experience
2011 REGISTRATION FORM**

Family- Last Name: _____

Address: _____

Phone #'s: Home: _____

Mother's Name: _____

Mother's Cell #: _____

Father's Name: _____

Father's Cell: _____

Emergency Contact: Name _____

Relationship: _____

Phone #: _____

Child/Children to be Enrolled:

1) **Name:** _____

Gender: Male / Female Age: _____

Date of Birth: _____

Medical Concerns/ Allergies/Special needs:

****Please see back for more information & required signature.**

Office use only: Reg. date: _____ Initials: _____

Amount due: \$ _____

Amount paid: \$ _____ Cash _____ Check # _____

Notes: _____

VBE Registration form for 2011
(Additional Children)

2) **Name:** _____

Gender: Male / Female _____ Age: _____

Date of Birth: _____

Medical Concerns/ Allergies/Special needs:

3) **Name:** _____

Gender: Male / Female _____ Age: _____

Date of Birth: _____

Medical Concerns/ Allergies/Special needs:

4) **Name:** _____

Gender: Male / Female _____ Age: _____

Date of Birth: _____

Medical Concerns/ Allergies/Special needs:

Day/s to assist: Mon____ Tues____ Wed ____ Thurs ____ Fri ____

**I understand pictures taken will be used for Parish purposes only.

** In the event of an emergency situation for which I cannot be reached, I understand/agree that the Coordinator of Religious Formation will obtain necessary Emergency Medical Services for my child.

Signature _____ **Date** _____