

Our Lady of Lourdes Vacation Bible School Registration Information

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Date of Birth: _____

Email address: _____

Grade going into in September 2008:

Pre 3 Pre 4 K 1 2 3 4 5

T-Shirt Sizes for the Kids:

Youth: (6-8) (10-12) (14-16) (18-20) Adult Large Adult XL

T-Shirt Sizes for the Adult Volunteers:

Adult: Med Large XL 1X 2X 3X

Parent/Guardian's Name: _____

Cell Phone: () _____ Number during VBS: () _____

If parent/guardian cannot be reached, please notify the following person who will provide transportation, if necessary:

1. _____
Name Relationship Phone Cell Phone

2. _____
Name Relationship Phone Cell Phone

Going home with person other than parent/guardian:

Name: _____ Phone number: () _____

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Family Physician: _____ Phone: () _____

Dentist: _____ Phone: () _____

Student is allergic to: _____

Medical Insurance Company: _____ Insurance ID#: _____

Preferred Hospital: _____

If Kaiser insurance and it is needed, I agree to have my child taken to the closest hospital.

Yes

No

Important Medical/Personal Information

Please make us aware of any special medical or developmental needs your child may have so that we may best meet their needs. This could include allergies, short attention span, seizures, motor skills, special medication needs, or dietary restrictions:

Is there anything that your child is sensitive to that we should be aware of?

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I request that Director of Vacation Bible School act in the best medical interest of my child. I understand that if an emergency should occur and the staff cannot take care of it, 911 will be contacted and every effort will be made to contact the parent. I agree to assume all responsibility for the transportation of, and any and all needed medical treatment that my child may need, based on the medical judgment of the attending physician.

Signature of Parent/Guardian

Date

Names and grade of siblings attending:

Name	Grade

Sandwich choice for Friday's lunch for all kids: PBJ Turkey Ham Cheese

Can you help with/donate special snacks for our volunteers the week of VBS?

Is there another way you might be able to help with VBS?

FOR OFFICE USE ONLY

Date received: _____

Cash/check #: _____

CD given to family: _____

T-shirt given: _____