



VACATION BIBLE SCHOOL REGISTRATION 2018
June 25-29, 2018 9am-12pm Holy Redeemer Campus

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Please put my child in the same group as:

Alternative Emergency Contacts

_____ Name	_____ Phone
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Medical Information

Allergies/Special Health Considerations

Fee: 1 child \$60 Discounted rate for families with more than 1 child living in the same residence: 2 children \$110, 3 or more children \$160

I authorize Holy Redeemer- St. James Vacation Bible School to seek any and all medical and surgical treatment performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Print Name
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Return completed form and payment to: Holy Redeemer Church, Attn: Trish Swords, 2411 Montrose Avenue, Montrose CA 91020