



2019 VACATION BIBLE

July 8-12 9am-12noon at Holy Redeemer Healy Hall

Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip code: _____

E-mail Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Registration Fee: 1 child \$50

Discounted rate for children living in the same residence:

2 children \$95, 3 or more children \$140 PAYMENT MUST ACCOMPANY REGISTRATION

Mailing address: 2411 Montrose Avenue, Attn: Trish Swords, Montrose, CA 91020, 818-249-2008

Child's Name _____
First Name Last Name

Gender: _____ Grade Level in the Fall: _____ Allergies: _____

Learning disabilities/special needs: _____

Place in same group as: _____

Child's Name _____
First Name Last Name

Gender: _____ Grade Level in the Fall: _____ Allergies: _____

Learning disabilities/special needs: _____

Place in same group as: _____

Child's Name _____
First Name Last Name

Gender: _____ Grade Level in the Fall: _____ Allergies: _____

Learning disabilities/special needs: _____

Place in same group as: _____

Child may go home with: _____

By signing below, as the parent or legal guardian on the children listed on this registration form, I understand that Holy Redeemer or St. James the Less does not assume responsibility of payment of physician or hospital, however in an emergency, I give the Holy Redeemer/St. James Religious Education Program the permission to choose a physician or hospital and to have my child receive medical treatment.

Signature _____ Print Name