

## **Registration Form**

(One Per Child)

Shipwrecked Vacation Bible School will take place at Our Divine Savior Catholic Church

June 11th-June15h from 9AM-Noon. We will end at 12:30 on Friday after closing Mass.

Send registration to Our Divine Savior Catholic Church 566 E. Lassen Avenue, Chico, CA 95973.

| Child's name:             | School:                            |                              |                 |                       |            |        |             |
|---------------------------|------------------------------------|------------------------------|-----------------|-----------------------|------------|--------|-------------|
| Child's gender:(          | Child's age:                       | Date of birth:               |                 | Grade <b>next</b> yea | ar:        |        |             |
| Name of parent(s):        |                                    |                              |                 |                       |            |        |             |
| Street address:           |                                    |                              |                 |                       |            |        |             |
| City:                     | State:ZIP:                         |                              |                 |                       |            |        |             |
| Home telephone:(          | _)Parent/caregiver's cell phone:() |                              |                 |                       |            |        |             |
| Home e-mail address       | s:                                 |                              |                 |                       |            |        |             |
| Home church:              |                                    |                              |                 |                       |            |        |             |
| Buddy request:            |                                    |                              | _T-shirt size   | (circle one): S       | M          | L      | AS          |
| Cost: \$40/child \$80 n   | nax/family (some                   | scholarships av              | ailable)        | Add music CD          | \$6:       | Yes    | No          |
| Total registration:       | + Music CI                         | D:                           | _= Total:       | Check#                | <u>!</u> : |        |             |
| Make checks               | payable to Our Divin               | e Savior. Please no          | ote: refunds ca | nnot be given after M | /lay 16,   | , 2016 |             |
| Please Sign: "I give perm | nission for photograp              | hs of my child duri          | ng VBS to be u  | ised in newspaper ar  | nd pari    | sh pub | lications." |
| Signed:                   |                                    |                              |                 |                       |            |        |             |
| Allergies or other me     | dical conditions:_                 |                              |                 |                       |            |        |             |
|                           | In case of emer                    | gency, contact: <sub>-</sub> |                 |                       |            |        | at:         |
|                           | Phone:                             | Rela                         | ationship to c  | child:                |            |        | or:         |
|                           | contact:                           |                              |                 |                       |            |        | at:         |
|                           | Phone:                             | Rela                         | ntionship to c  | child:                |            |        |             |