

# Regina Coeli Vacation Bible School Registration Form



JUNE 27, 28, 29, 30

PLEASE PRINT ALL INFORMATION CLEARLY

Father's Name ~ Last \_\_\_\_\_ First \_\_\_\_\_

Mother's Name ~ Last \_\_\_\_\_ First \_\_\_\_\_

Primary ph. contact # \_\_\_\_\_ Name of person \_\_\_\_\_

Parent email address \_\_\_\_\_ Mother \_\_\_ Father \_\_\_

To receive text messages - Cell phone # \_\_\_\_\_ Provider \_\_\_\_\_ Mother \_\_\_ Father \_\_\_

Parish/Church at which you are registered: \_\_\_\_\_

Child's home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Child(ren) live with \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father

**Child(ren) Information**

Name ~ Last \_\_\_\_\_ First \_\_\_\_\_

Name your child wants to be called. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Last school grade completed \_\_\_\_  
Month Day Year

Medical information about your child we need to know. \_\_\_\_\_

Name ~ Last \_\_\_\_\_ First \_\_\_\_\_

Name your child wants to be called. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Last school grade completed \_\_\_\_  
Month Day Year

Medical information about your child we need to know. \_\_\_\_\_

Name ~ Last \_\_\_\_\_ First \_\_\_\_\_

Name your child wants to be called. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Last school grade completed \_\_\_\_  
Month Day Year

Medical information about your child we need to know. \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

**Fee needs to accompany registration form.**

FEE : 1 child - \$10.00    2 children - \$20.00    3 or more children - \$30.00

PAYMENT:	Date	Cash	Check #	Amount
	_____	_____	_____	_____

Parent Name printed \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION DEADLINE ~ June 23, 2022**