



**ST. ALPHONSUS VBS REGISTRATION 2017
PLEASE COMPLETE ONE FORM PER CHILD (PLEASE PRINT)**

CHILD'S NAME: _____

DOB: _____ **AGE:** _____ **GRADE COMPLETED IN 2016/2017:** _____

SCHOOL: _____ **CHURCH PARISH:** _____

PARENT'S NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ **EMERGENCY NUMBER:** _____

ALLERGIES: _____

CONSIDERED MEDICAL EMERGENCY? YES NO

MEDICAL CONDITIONS / CONCERNS (ADD, ADHD, ETC):

I WOULD LIKE TO VOLUNTEER TO HELP WITH VBS: YES NO

I WOULD LIKE TO DONATE REFRESHMENTS FOR VBS: YES NO

**I, _____ GIVE MY PERMISSION FOR MY CHILD,
_____ PICTURE OR LIKENESS TO BE USED IN**

MEDIA RELEASES.

PARENT SIGNATURE: _____

**PLEASE RETURN REGISTRATION FORMS TO THE ST. ALPHONSUS FAITH FORMATION OFFICE
14040 GREENWELL SPRINGS RD. GREENWELL SPRINGS, LA 70739 NO LATER THAN JUNE 9, 2017**