



St. Pius X Parish Vacation Bible School Registration Form

Child's Name: _____ T-Shirt Size: _____

Date of birth: _____

Names of Parents/Guardians: _____

Address: _____

Phone Number: _____

Does your child have any allergies? (if yes, please explain) _____

Does your child have any medical conditions? (if yes, please explain) _____

Medications: _____

Dietary Restrictions: _____

Emergency Contact: _____ Tel. _____

Person Dropping off Child: _____

Would you like to volunteer? Yes: _____ Full Week _____ Day(s) _____ No: _____

PARENTS' PERMISSION

We grant full permission for our child to attend and participate in the Vacation Bible School at St. Pius X Parish from Monday, July 6, 2009 until Friday, July 10, 2009.

Signed: _____