

**St. Vitus Vacation Bible School Registration Form**

Child (1) Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Child (2) Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Child (3) Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies or other Medical Conditions: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**For Questions Contact: Sherry Cherry at 724-652-3422 or 724-651-6440**