VBS REGISTRATION FORM

ALL SAINTS ROMAN CATHOLIC CHURCH
317 E. MAIN STREET
BRIDGEPORT - WV
26330
304 - 842 - 2283

COST - FREE - DUE TO GENEROUS DONATION
ACCEPTING CASH OR CHECK
CHECKS MADE OUT TO ALL SAINTS CHURCH

CHILD'S NAME: CHILD'S AGE: CHILD'S BIRTHDATE: CHILD'S GRADE: PHOTO CAN BE TAKEN AND PUBLICIZED YES OR NO
HEALTH CONCERNS/ ALLERGIES:

CHILD'S NAME: CHILD'S AGE: CHILD'S BIRTHDATE: CHILD'S GRADE: PHOTO CAN BE TAKEN AND PUBLICIZED YES OR NO
HEALTH CONCERNS/ ALLERGIES:

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HEALTH CONCERNS/ ALLERGIES:

CONTACT INFORMATION

PARENT(S) / GUARDIAN(S):

_____

PHONE # OPTIONS:

_____

_____

_____

EMAIL:

_____

EMERGENCY INFORMATION

EMERGENCY CONTACT #1: _____
PHONE NUMBER: _____

EMERGENCY CONTACT #2: _____
PHONE NUMBER: _____

DOCTOR: _____
PHONE #: _____

DISMISSAL PLAN

THESE INDIVIDUALS ARE ALLOWED TO PICK UP FROM VBS

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