



**ST. ALPHONSUS VBS REGISTRATION 2018  
PLEASE COMPLETE ONE FORM PER CHILD (PLEASE PRINT)**

**CHILD'S NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE COMPLETED IN 2017/2018:** \_\_\_\_\_

**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 8, 2018!**