



**Church of the Holy Family Vacation Bible School Registration Form**

Monday, July 6th to Friday, July 10<sup>th</sup> (9am - 12pm)

Childs Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_

**School Grade September 2026:** \_\_\_\_\_ **T-Shirt Size: (Please circle)** Small 6-8 Medium 10-12 Large 14-16

Food Allergies/Medical Conditions: \_\_\_\_\_

Mothers Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Cell # \_\_\_\_\_

Fathers Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (**Other than above**) \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Release:** I (we) the undersigned parents of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of Church of the Holy Family as agents of the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release any liability to Church of the Holy Family, any of its ministries or leaders in the event of an accident in route, during, or returning to event.

**Photo Wavier:** Church of the Holy Family **has permission** to use my child's photo for publication on our website, on our Facebook page, advertising and/or local news.

Registration Fee per child: \$60.00

Parent volunteer discount: 1<sup>st</sup> Child Free; \$35 for each additional child

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**For Office Use Only:**

Date: \_\_\_\_\_ Payment Received by: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Type of Payment: Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_ Credit Card: \_\_\_\_\_ + 3.5% processing fee

Credit Card Payment Information: **\*\*If using credit card - Please fill out all information:**

Amount to be Charged: \$ \_\_\_\_\_ + 3.5% processing fee Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Number: \_\_\_\_\_ Name as it appears on CC: \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_