



Saint Maximilian Kolbe Parish

Registration Form (one per child)

Child's Name _____ Age _____

Date of Birth _____ School Grade (September) _____

Name of Parent(s) _____

Address _____

Telephone for Parent/ Caregiver home: _____ Cell _____

Home Email Address _____

Allergies or Other Medical Conditions(s) _____

Location:

Resurrection Church,

Marmora

July 16-20

Grades K-5

\$30/child

\$40/Family

EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP TO CHILD

Concerning Photos:

I DO _____ I DO NOT _____ GIVE MY PERMISSION TO HAVE MY CHILD PHOTOGRAPHED DURING VBS.

Pictures may be posted on Facebook and/or our website

Signature _____

FOR PARISH USE ONLY

DATE RECEIVED _____

CHECK _____

AMOUNT _____

CREW _____