



REGISTRATION FORM

JULY 22-26 6:00-8:30pm

Child's Name _____

Parent/Guardian Name _____

Phone number _____

Address _____

Emergency contact information

Name _____ Relationship _____

Phone number _____

Medical/Allergies: Please list any medical conditions we should be aware of and any food allergies your child/ren may have:

Grade Child/ren will be entering in the 2019-2020 School year: PK K 1st 2nd 3rd 4th 5th

Yes No My child/ren's picture may be used on the church website, facebook, bulletin, or the diocese. (no names will be used)

Parent/Guardian Signature _____
