



ST CHARLES CHURCH
Vacation Bible School
July 10-14, 2017 9am – 12pm
Registration Form
 (One Per Child)

Paid	w
\$15/child	_____
\$25/family	_____

Mail to:
 PO Box 237, Meredith, 03253
 Or fax to: 279-9924
 Questions? Dee – 279-8691

Child's name: _____

Child's gender: M F Child's age: _____ Date of birth: _____

Last school grade completed: _____

Name of parent(s): _____

Street address: (street/city/state) _____

Mailing address: _____ State: _____ ZIP: _____

Address where child is staying if different from home address (for summer or vacationing families):

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Parent e-mail address: _____

On the lines below I have listed any medical condition, physical disability, allergy to foods or medications, etc... which is relevant to rendering medical care if he/she needs emergency medical care:

In case of emergency, contact: _____

Emergency Contact Phone: _____

Relationship to child: _____

I agree to have my child/ward transported via ambulance and /or treated for emergency medical and/or dental problems if an emergency arises. I accept all responsibility for all medical expenses incurred as a result of my child's/ward's participation in this program.

Signature *Date*

Relationship to child: _____