

VBS REGISTRATION FORM

July 20 - 24, 2020

PARTICIPANT IN	FORMATION			
Child's Name				
	First Name		Last Name	
Birth Date				
	Month	Day	Year	
Current Grade				
Home Parish				
Allergies/Medication	s/Other			
PARENT/GUARDIA	AN INFORMATIO	N		
Parent/Guardian				
	First Name		Last Name	
Address				
	Street Address/P.O. Box		City	Province
Contact Information				
	Email		Primary Phone Number	Secondary Phone Number
EMERGENCY CON	TACTS			
Name		Phon	e Number	
Nome		D)	N. 1	
Name		rnon	e Number	

Return completed registration forms to Tyra Thomas.

Registrations will not be received without payment. To request financial assistance with the registration fees contact Anne-Marie Waldner (306.921.5118).