



Information on Reverse Side Must Be Completed

# Holy Angels Religious Education Registration Vacation Bible School

How to Register:

Please Print : Complete the following 2 sided form. Make your check payable to: 'Holy Angels Religious Education'. Return this form to the Religious Education Office, or mail to: 585 Main Street, South Meriden, CT 06451.

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Male (M) or  
Female (F)

Child's Name  
\*( V if student is volunteering ) \*

Grade

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee: \$50.00 per child  
number of children

\_\_\_\_\_  
x \_\_\_\_\_

TOTAL

\_\_\_\_\_  
\*no fee for volunteers— entering Grade 6 and up

THIS PROGRAM IS MADE POSSIBLE THROUGH PARENT COOPERATION. PLEASE CHECK IN WHICH AREA YOU WOULD BE WILLING TO HELP.

Bible Studies \_\_\_\_\_ Crafts \_\_\_\_\_ Music \_\_\_\_\_ Sports \_\_\_\_\_ Snacks \_\_\_\_\_

Parent Name: \_\_\_\_\_ Best way and time to reach you: \_\_\_\_\_

**FAMILY INFORMATION**

Family's Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Father's Work # \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

**LIST THE NAME(S) OF THOSE PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY AND A PARENT IS UNAVAILABLE, PLEASE LIST 2 CONTACT PERSONS:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



Attention  
Parents

**Important - Please Complete: Medical, Learning and Safety Information**

Please list any information about your child that would be helpful for the catechist in the classroom or important for us to know for your child's safety and well being, i.e. allergies, medical or dietary concerns, medications, learning styles or other challenges.

\_\_\_\_\_  
\_\_\_\_\_

\* May we photograph your child(ren)? Y \_\_\_ N \_\_\_

\* May we send photos to media to highlight Rel. Ed. events? Y \_\_\_ N \_\_\_

\* My child(ren) have permission to walk home. Y \_\_\_ N \_\_\_

**In case of accident or serious illness, I hereby give the Holy Angels Religious Education Office permission to contact emergency personnel on behalf of my child.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_