

# Assumption Greek Orthodox Church

## VBS 2017

### **Registration Form**

1. Child Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Starting: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions or disabilities: \_\_\_\_\_

2. Child Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Starting: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions or disabilities: \_\_\_\_\_

3. Child Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Starting: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions or disabilities: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **Medical Release**

I \_\_\_\_\_ (parent or guardian) of \_\_\_\_\_

(children) give permission to Assumption Long Beach Greek Orthodox Church VBS 2017 staff to provide 1<sup>st</sup> aide and call for medical attention for my child.

Signature: \_\_\_\_\_