

# REGISTRATION CARD

Child's Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Sex (circle): Boy Girl      Age: \_\_\_\_\_      Grade ('08-'09): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Allergies/Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does Child Need Overnight Accommodations To Attend VBS in NJ?:    No    Yes**

VBS will be held July 4<sup>th</sup> & 5<sup>th</sup>, 2009 at St. Thomas Knanaya Church, NJ

**- \$5.00 Donation Requested Per Child -**

**(only one card per child please)**

Please return to your church secretary or email form back to Susan Alummoitol: [salummoitol@yahoo.com](mailto:salummoitol@yahoo.com)