



NATIVITY OF OUR LORD
VACATION BIBLE SCHOOL
Registration Form



Name of Child Age Last grade completed

Parent/Guardian Name

Home Phone Work Phone Cell Phone

Home Parish (if any):

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name Relationship Phone Number

Does your child have any allergies (food, drugs, insects, seasonal, etc.)?
No Yes; Please specify:

Is your child taking any medication?
No Yes; Please specify

\*\*Please note: We cannot administer any medication.

Who is authorized to pick up your child promptly at 12 noon each day?

Name Phone Number

Name Phone Number

Or (initial) "My child(ren) may walk home unescorted from Nativity of our Lord each day."

Please sign below, indicating that you support our judgment for action in a medical or other emergency regarding the welfare of your child(ren). You also agree to hold harmless the Archdiocese of Chicago, Nativity of our Lord Parish, any of its employees, volunteers or affiliates, in the event of any incident occurring as a result of your child(ren)'s participation in this program.

Signature of Parent/Guardian Date