

SONSURF BEACH BASH VBS  
**STUDENT REGISTRATION**



**CHILD'S NAME** \_\_\_\_\_ **GRADE (in Sept.)** \_\_\_\_\_ **AGE** \_\_\_\_\_

PARENT NAME \_\_\_\_\_

STREET \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT IF WE CAN NOT REACH YOU

NAME \_\_\_\_\_ HOW RELATED \_\_\_\_\_ PHONE \_\_\_\_\_

DO WE HAVE PERMISSION TO TREAT YOUR CHILD IF YOU CANNOT BE REACHED?  
YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST FOOD ALLERGIES OR ANY OTHER MEDICAL CONSIDERATIONS

\_\_\_\_\_

I AM A PARISHONER OF OUR LADY OF MERCY YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, THE NAME OF MY PARISH IS \_\_\_\_\_

**REGISTRATION FEE: \$50. PER CHILD**  
CHECK \_\_\_\_\_ **MADE OUT TO "OUR LADY OF MERCY"**

CASH \_\_\_\_\_

MAIL TO:  
**AMY BALLANCO/DRE**  
**50 PASCACK RD**  
**PARK RIDGE, NJ 07656**

FEE CAN BE WAIVED UPON REQUEST IF YOU VOLUNTEER FOR THE FULL WEEK.

**I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:**

MUSIC \_\_\_\_\_ SNACK SERVER \_\_\_\_\_ CRAFTS \_\_\_\_\_  
GAMES \_\_\_\_\_ STORY TELLER \_\_\_\_\_ WHERE YOU NEED ME \_\_\_\_\_

I WOULD LIKE TO BE A GROUP LEADER AND GUIDE THE CHILDREN TO THEIR ACTIVITY  
CENTERS EACH DAY \_\_\_\_\_

WITH MY CHILD NAMED \_\_\_\_\_ WHERE YOU NEED ME \_\_\_\_\_

I WOULD BE WILLING TO HELP OUT ON THE FRIDAY NIGHT FAMILY DINNER AND SHOW.  
SET UP \_\_\_\_\_ CLEAN UP \_\_\_\_\_

**PLEASE ALSO FILL OUT AN OFFICIAL ADULT VOLUNTEER FORM**