

Registration Form for VACATION BIBLE SCHOOL 2012

JUNE 18 - 22 Church of the Holy Cross

Child's Name: _____ Nick Name _____ Birth Date ___/___/___
Last Grade Completed: ___ School: _____ Home Church _____
Parent / Guardian's Name: _____ Phone Number _____
Mailing Address: _____

NAME AND NUMBER TO CALL IN AN EMERGENCY (IF DIFFERENT FROM ABOVE) _____

Brothers & Sisters names and ages(if attending VBS) _____
Known Allergies or medical conditions _____

For office Use Only

Class: _____ Teacher _____ Circle days attended Mon Tue Wed Thur Fri

Mail to:

Church of the Holy Cross
440 West Lanikaula Street
Hilo, HI 96720

Or call

808-935-1283

Or e-mail

chcvbs2012@yahoo.com