



Registration Form

General Information:

Child's Name: _____

Parent/ Guardian Name: _____

Siblings Attending VBS: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Child's Age: _____ Last School Grade Completed: _____ T-shirt Size: _____

Home Congregation (if any): _____

In Case of Emergency Contact:

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Allergies/ Notes:

Allergies/ Medical Restrictions: _____

Any Other Notes We Should Know: _____

Pick-up Information:

Person Authorized to Pick up child at the end of VBS:

Name: _____ Phone: _____

Authorization :

By signing this form, I give permission for my child to participate in walking trips in and around Hoboken.

Signature of Parent/ Guardian: _____

By signing this form, I understand that my child may appear in photographs utilized on St Matthew Trinity's digital channels (website, social media including Facebook, Twitter, and Instagram, etc.). Please note that names are never revealed in any postings.

Signature of Parent/ Guardian: _____