



## 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: \_\_\_\_\_