



# REGISTRATION FORM

(ONE PER CHILD)

*HOLY*

*TRINITY*

*PARISH*

2083 Sunset Cliffs Blvd.

San Diego, Ca.

92107

(619) 222-0365

*Fees: \$7.00 per child:  
After July 18, \$15.00.*

*Please mail or drop off  
your form on or before  
July 18, 2008*

**Child's Name** \_\_\_\_\_

**Age Information**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

**Parents/ Guardians Names** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Phone Numbers** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Allergies/Medical Information/Other**

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

Name(s) of person(s) who may pick up this child from VBS each day

**Home Church (Optional)** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Other Information (church use only)**

Lab Crew number/leader \_\_\_\_\_

Are parents helping with Power Lab VBS? \_\_\_\_\_

(If yes, where?) \_\_\_\_\_