

Participant Registration Form—Pre-K to Sixth Grade (school year 2019-2020)

Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Allergies –health concerns we should be aware of \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency - Please call:

1. \_\_\_\_\_

2. \_\_\_\_\_

Will parents be attending on Monday or Tuesday? If so, please include parent names.

\_\_\_\_\_

Medical Treatment Release Form

In the event you are unable to reach me, in the case of injuries or accident, I give permission for treatment as deemed necessary. I also release Holy Trinity Parish and its Vacation Bible School staff of liability in case of accidents incurred to my child, \_\_\_\_\_ while attending Vacation Bible School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Complete one form per child and return with payment in Tuesday folders or return to the parish office at 501 Cherrywood Rd., Louisville, KY 40207 by March 29, 2019.

All children are encouraged to attend! With any special areas of need for a child, please contact us with questions or concerns.

With questions on children registration, please contact Heather Lilla - heatherlilla2009@gmail.com or Therese Caruso at the parish office.

Will you be able to volunteer? Each child will receive a \$15 discount with a parent volunteer. Please see the volunteer registration form to join us!