



Student's Name _____ t-shirt size _____

Date of Birth _____ Age _____ Last Grade completed _____

Special Needs/Allergies/Other _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Number: Cell _____ Work _____

Emergency Contact _____

Relationship to Child _____ Phone _____

Who may pick up this child from VBC _____

A donation of \$25 per child is requested but not required. Make checks payable to: St. Mary

Mail Registration form and donation to: St. Joseph, PO Box 60 Lyons 53148

Photo Release: Burlington/Lyons Catholic Community VBC has my permission to use my child's photograph publicly in VBC materials. I understand the images may be used in print (bulletins), online (church website/Facebook) or other presentations. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature _____ Date _____

_____ **CHURCH USE ONLY** _____

Donation Received _____ Date _____