



**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Last Grade Completed** \_\_\_\_\_

**Special Needs/Allergies/Other** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

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

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

**Phone Number:** **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Name/relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Who may pick this child up from VBC** \_\_\_\_\_

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

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

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**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 (website, social media) 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** \_\_\_\_\_

Assigned Crew \_\_\_\_\_ Crew Leader \_\_\_\_\_

Family member volunteering? \_\_\_\_\_ If yes, where \_\_\_\_\_

Donation Received \_\_\_\_\_ Date \_\_\_\_\_