

St. Haralambos VCS Registration 2011

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency contact # \_\_\_\_\_

Email \_\_\_\_\_

Child's name	Age/Grade in Fall 2011	Specify Adult or Child and T-shirt size
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies or medical conditions we should be aware of.

\_\_\_\_\_

\_\_\_\_\_

Registration fee: \$50 per child

Fee includes T-shirt, snacks and crafts for the week of June 20-24.

Amount \_\_\_\_\_ Date paid \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

\_\_\_\_\_ Yes! I am available to help during VCS.

Name \_\_\_\_\_ Phone number or email \_\_\_\_\_