

Vacations With Jesus Registration

July 09-13th, Daily from 9:30am-12:30pm, AGES 07-12

* Required

Email address *

Your email

First Child's Name *

Your answer

School Grade, Age *

Your answer

Second Child's Name

Your answer



School Grade, Age

Your answer

Third Child's Name

Your answer

School Grade, Age

Your answer

Parish Attending:

Your answer

Mother or Gaurdian's Name *

Your answer

Phone Number *

Your answer

Address *

Your answer



Father or Gaurdian

Your answer

Phone Number

Your answer

In Case of Emergency when we cannot contact Child's Mother or Father 

Please list those people who are trusted relatives or friends than can amuse responsibility for your child in given case of an emergency

Name *

Your answer

Relationship to Child *

Your answer

Phone Number *

Your answer

Does your Child have any food/ Medication allergies?

Yes

No



List Allergies

Your answer

I authorize the staff of St. Mary Immaculate Church to procure surgical, medical, or dental care for my child in the event of injury or illness if I cannot be contacted to make arrangements for such treatment. It is understood by me that the expense of this service will be accepted by me. *

Yes

No

I allow my Child(ren) to be photographed during this event. (These photos may go online for promotion of parish groups) *

Yes

No

Signature (Please print parent Name)

Your answer



Would you be able to donate one of the following?

- Juice, Milk, Drinks
- Cookies
- Sliced Fruit
- Granola Bars, Nutrition bars
- Donuts, Sweet Bread
- Gummies
- Other:

Send me a copy of my responses.

SUBMIT

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