



Rainforest Adventure Registration Form



First Child's Name: _____

Child's age: _____ Last school grade completed: _____

Second Child's Name: _____

Child's age: _____ Last school grade completed: _____

Third Child's Name: _____

Child's age: _____ Last school grade completed: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Home parish: _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child/children: _____

Please list child and any allergies (including food) the VBS staff should be aware of:

Person responsible for picking up child/children at the end of each VBS day:

Name: _____

Telephone number: _____

Signature of parent/guardian: _____