



Discovery Mission:
Catholic Vocation Bible School
July 16-20, 2018

Child's Name: _____

Parent/Guardian Name(s): _____

Phone: _____ email: _____

Mailing address: _____

Emergency Contact: _____ relationship: _____

School Grade 2018-2019: _____ / age as of Sept. 1, 2018: _____

Home Church: _____ St. Philip Neri _____ St. Paul _____ other: _____

Allergies/medical conditions: _____

We must have an Archdiocesan Form A on file at SPN for emergency medical treatment.

I filled out a Form A and media release form for my child. It is on file with the DRE.

Signature: _____ Date: _____

FOR DRE OR VBS DIRECTOR USE ONLY

_____ Medical Form A

_____ Media Release

_____ VBS Only

OR

_____ VBS and RE