

St. Rita School - June 25-29 9am-12pm - \$25



REGISTRATION FORM

(One Per Child)

**Mail to: ORE
30 Gillies Road
Hamden, CT 06517**

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Questions? Email st.rita.ore@gmail.com or call 203-281-7522

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

**** Checks made payable to Divine Mercy Parish**

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Your child's picture may be taken for VBS purposes only