

VBS Registration form (One per Child)
Our Lady of the Mountain Church
987 Hillview Drive, Ashland, OR 97520
541.482.1146

Child's Name _____ Child's gender: _____

Child's age: _____ Date of birth: _____

Last school grade completed: _____ School: _____

Name of parents or guardians: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone numbers to call if need be: Home/Cell/Work/Caregiver

- _____
- _____
- _____
- _____

Contact Email: _____

Home Church _____

Name of a friend your child may want to be with during Crew gatherings.

Allergies or other special instructions for your child:

Name of Adult to call in case of emergency: _____

Emergency Phone: _____

- Signature _____ My child's photo can be on the parish web site/Facebook _____ (initial)