



Fun in the SON!!

St Thomas Summer Youth Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Age Information

Date of birth: _____

Emergency Information:

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child:

Parental Permission: I give permission for my child to participate in organized St Thomas Church Activities and field trips.

Print _____ Sign _____ Date _____