



Church of the Holy Cross Vacation Bible Camp Registration

Monday through Thursday, July 9-12 9:30am-Noon; ages 4 - 10

Child Name _____ **Parent Name** _____

Date of birth _____ Age _____ M / F _____

Last school grade completed _____ School grade next fall _____

Allergies or Medical Concerns _____

List additional children on back. _____

Address _____

Home e-mail address _____

Day Time Phone numbers: _____

Allergies/medical info: (Holy Cross will provide nut - free snacks and, when possible, a gluten - free alternative. For other allergies, please send a snack each day labeled with your child's name.)

Emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

I would like to volunteer to help:(name) _____

Please return to
Church of the Holy Cross 11526 - 162nd Ave NE Redmond 425-885-5822
FaitHFormation@HolyCrossRedmond.org
Registration fee: \$25 per student

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Date of birth _____ Age _____ M / F

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