



**St. James the Less Children's VBS 2017 / Sunday School Registration 2017-2018**

Child's First Name: \_\_\_\_\_

Child's Last Name : \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Grade : \_\_\_\_\_

Parents' Full Names:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Parents' email addresses (mark primary e-mail/phone):

Mother's e-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Primary Address: \_\_\_\_\_

- My child can read (select all that apply) •
- Chapter books
  - Full sentences
  - Pick out sight words
  - His or her name
  - Has not yet learned to read
  - Is interested in reading

Any Food Allergies: \_\_\_\_\_

Any other important information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_