



Holy Cross Parish Summit VBS Registration Form

For Youth Entering Grades 6-12

(One per youth)

July 28th - August 1st
9:00 am - 11:30 am in St. John's Lower Level

Youth's name: _____ T-Shirt Size: _____

Youth's age: _____ Date of birth: _____ Grade for 2025/26 School Year: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to youth: _____

\$10 Fee for the week is payable by Cash or Check made out to Holy Cross Parish
Payment can be sent to "Holy Cross Parish ATTN: Courtney Khristiansen" 7 Margaret Street Plattsburgh, NY 12901

Parish Office Phone Number: (518) 563-0730
Contact Email: PlattsburghSec@rcdony.org