



Holy Cross Parish

# True North VBS Registration Form

For Children Entering Grades PreK - 5

(One per child)

August 4th - 8th

from 9:00am - Noon in St. John's Lower Level

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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 child: \_\_\_\_\_

\$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: Desiree Kirk" 7 Margaret Street Plattsburgh, NY 12901

Parish Office Phone Number: (518) 563-0730

Contact Email: [PlattsburghDRE@rcdony.org](mailto:PlattsburghDRE@rcdony.org)