



St. Alphonsus presents Holy Land
Adventure! We will be traveling
to Egypt and will visit Joseph.

June 14 ~ 18, 2010 from 9:00am to 12:30pm

Parents: Please read the entire form before completing it as there are important directions about age requirements, etc. Also please print email clearly.
Space limited to 120 Students!

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Home e-mail address _____

Mom's Work Phone _____ Dad's Work Phone _____

Person picking up student(s) _____

- **NO** Phone Registrations!
- Sessions will be held from June 14 ~ 18, 2010 from 9:00am to 12:30pm children are encouraged to be prompt.
- Our program will enroll students entering 1st grade in fall 2010 through 8th grade.
- The fee is \$20.00 for the first child \$40.00 for 2 or more children in the same family. The fee is due at registration. The fee includes your child/children enrollment and also **ONE** music CD per family. Make checks payable to St. Alphonsus. (*Applications received without a registration fee will be held until fee is received*). Your child may not receive a slot if fee is not included. Those who are in need of scholarship assistance should see Nancy Helsel, Director of Faith Formation, or call 459-5472
- Deadline for registration is June 1st 2010 or earlier, if we reach 120 participants.
DON'T DELAY THE PROGRAM FILLS UP VERY QUICKLY!
- Please consider donating items from our "Supplies Needed List" coming soon! Thank you so much for helping the children get ready to discover Jesus' miraculous power!
- Photo Release" I give permission (or my parent/guardian if under 18 yrs of age), to allow photos taken during Holy Land Adventure, to be used on the St. Al's website, newspaper, & bulletin board (Last names will not be disclosed)

Signature _____

Registration fee \$20.00 per student / \$40.00 for 2 or more children in the same family.

Number of Students _____ x \$20.00 each, \$40.00 for the 2nd child or more. Total _____

Extra CD's will be available to purchase from the Office of Faith Formation.

EMERGENCY INFORMATION

Child's Name: _____

Date of Birth: _____ Grade entering in Fall 2010: _____

Medical Conditions: _____

Allergies: _____

Skin Sensitivity (olive oil/eye make up): _____

Medications: _____

Learning Disabilities: _____

IN AN EMERGENCY, PLEASE CONTACT:

1#: _____ Phone: _____

2#: _____ Phone: _____

EMERGENCY INFORMATION

Child's Name: _____

Date of Birth: _____ Grade entering in Fall 2010: _____

Medical Conditions: _____

Allergies: _____

Skin Sensitivity (olive oil/eye make up): _____

Medications: _____

Learning Disabilities: _____

IN AN EMERGENCY, PLEASE CONTACT:

1#: _____ Phone: _____

2#: _____ Phone: _____

EMERGENCY INFORMATION

Child's Name: _____

Date of Birth: _____ Grade entering in Fall 2010: _____

Medical Conditions: _____

Allergies: _____

Skin Sensitivity (olive oil/eye make up): _____

Medications: _____

Learning Disabilities: _____

IN AN EMERGENCY, PLEASE CONTACT:

1#: _____ Phone: _____

2#: _____ Phone: _____

Parents/Guardian
please fill out
**EMERGENCY
INFORMTATION**
one for each child.

If you need more
please take an
extra Registration
Form.

The importance of
each child having
an **EMERGENCY
INFORMATION**
form filled out is
that their name
tag will be on the
reverse side.

This then will
allow the Group
Leader to have
vital information
on each of their
students in their
group.