



# REGISTRATION FORM

(one per child)

Dates: August 1-5, 2011  
Location: St. Theresa Church  
9 East Parkview Dr.  
South Hadley, MA

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade entering (fall 2011): \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home Church: \_\_\_\_\_

Name of special friend your child might like to be with: \_\_\_\_\_

Bayou Crew number (for church use only): \_\_\_\_\_

**Registration Fee: Donation (suggested \$25 per child)**

Checks payable to: St. Theresa's Church  
Send Registration Form to: St. Theresa's Church,  
9 East Parkview Drive  
South Hadley, MA 01075

*or Register on-line at [www.diospringfield.org/sttheresas](http://www.diospringfield.org/sttheresas)*