

# Together in Christ Workshop

June 2–6, 2026

St. John's Catholic Church • Valley, NE

## CHILD INFORMATION

First Name	Middle Name	Last Name	Gender:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Name	Grade	Birth Date (MM/DD/YYYY)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## PARENT / GUARDIAN #1

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Street Address	<input type="text"/>	
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

## PARENT / GUARDIAN #2

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Street Address	<input type="text"/>	
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

**EMERGENCY CONTACT #1**

First Name	Last Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email	Relation to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMERGENCY CONTACT #2**

First Name	Last Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email	Relation to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>

**AUTHORIZED PICKUP (IN ADDITION TO PARENTS/GUARDIANS)**

Please list those permitted to pick up your child:

1. Name	Phone	2. Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**MEDICAL RELEASE INFORMATION**

Is your child allergic to any type of food?  Yes  No

If yes, explain:

Does your child require a special diet?  Yes  No

If yes, explain:

**WORKSHOP COST: \$25.00**

Please make checks payable to St. John's Catholic Church.  
Scholarships available — contact Theresa: (402) 359-5783  
Forms can be submitted to: [businessmanager@stjohnvalleyne.com](mailto:businessmanager@stjohnvalleyne.com)

**AUTHORIZATION & SIGNATURE**

Guardian Signature	Date
<input type="text"/>	<input type="text"/>

Printed Name of Parent/Guardian