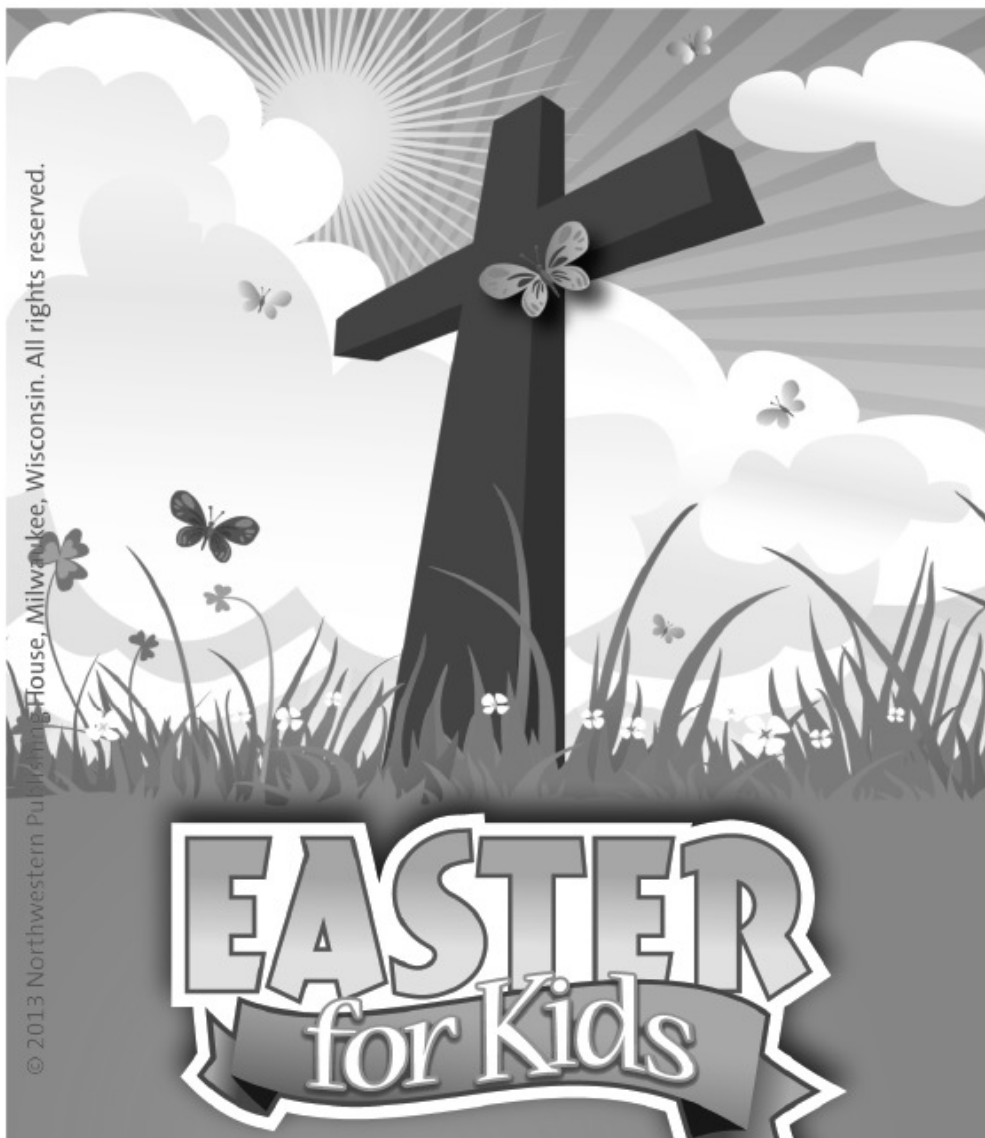


# Registration Form



***St. Matthew's Danube***  
***Saturday, April 12***  
***1:00pm - 4:00pm***  
***For All Children Ages 3-13***



**EARLY REGISTRATION**

Please mail to  
St. Matthew's  
PO Box 67  
Danube, MN 56230

FAMILIES: To help us plan our *Easter for Kids*, please register your child(ren) early. Return your completed form by April 10. Thank you!

Parent(s) name(s): \_\_\_\_\_

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

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

Emergency contact: \_\_\_\_\_

Person(s) picking up child(ren): \_\_\_\_\_

Student name(s) and age(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies or medical conditions? Please explain them here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SHARING THE SAVIOR: If you plan to bring neighbors and/or relatives, please give us an estimate of the total number of students and their ages.



**REGISTRATION**

Please mail to  
St. Matthew's  
PO Box 67  
Danube, MN 56230

Parent(s) name(s): \_\_\_\_\_

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

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

Emergency contact: \_\_\_\_\_

Person(s) picking up child(ren): \_\_\_\_\_

Student name(s) and age(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies or medical conditions? Please explain them here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_