

Saint Paul Catholic Church – Vacation Bible School (VBS) Registration Form – 2017

June 26<sup>th</sup> to the 30<sup>th</sup>

**DEADLINE: May 15, 2017 or when full**

Please register early. There are limited number of spaces in each class, and classes fill quickly!

I. FAMILY LAST NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ [ ] I would like to receive VBS communication via email

Mother/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

(where parent/guardian can be reached during VBS hours – 9:30 AM to 12:45 PM)

Alternate Emergency Contact (relative or neighbor)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_

II REGISTRATION OF CHILDREN FOR INSTRUCTION PROGRAM (preschool through 7<sup>th</sup> grade) and NURSERY. Please enter the **grade your child will start in SEPTEMBER 2017**. Children of VBS volunteers younger than 4 years old will be supervised in the Nursery during VBS hours. Enter NURSERY FOR GRADE. For all children, **immunizations must be up to date**. Please note all **Allergies** (bee stings, food, etc.) or **other medical information** VBS staff should know.

1. Child's Name \_\_\_\_\_ \*T-shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Other Medical Info (medication, etc.) \_\_\_\_\_

2. Child's Name \_\_\_\_\_ \*T-shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Other Medical Info (medication, etc.) \_\_\_\_\_

3. Child's Name \_\_\_\_\_ \*T-shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Other Medical Info (medication, etc.) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Other Medical Info (medication, etc.) \_\_\_\_\_

(\*Shirt sizes: Youth – XS, S, M, L, Adult – AS, AM, AL, AXL) \_\_\_\_\_

Note: You **MUST** register your Nursery children in order for us to have adequate staffing.

III PERMISSION FORM

I, \_\_\_\_\_ grant permission for my child/children/teen(s)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Name(s)

to participated in Vacation Bible School (VBS). This activity will take place under the guidance and direction of parish

employees and/or volunteers from Saint Paul Catholic(VBS). This activity will take place under the guidance and direction of parish employees and/or volunteers from Sating Paul Catholic Church. As parent and/or legal guardian, I remain legally responsible for my personal actions taken by the above named minors (s). I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Paul Catholic Church, is offices, directors, employees and agents, and the Archdiocese of Washington, employees and agents, chaperones, or representatives associated with VBS, from any claim arising from or in connection with my child/children/teen(s) attending VBS or in connection with any illness or injury (including death)or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representatives associated with VBS for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury of damage, unless such claim arises from the negligence of the parish/Archdiocese. I hereby authorize photographs of my child/ren in conjunction with VBS activities.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers provided please contact the alternative emergency contact provided.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)      \_\_\_\_\_  
Date

IV. TEEN HELPER VOLUNTEER (children entering 8<sup>th</sup> grade and above in September 2017):

Teen’s Name \_\_\_\_\_ Grade \_\_\_\_\_ Medical Info \_\_\_\_\_ Shirt Size \_\_\_\_\_

Teen’s Name \_\_\_\_\_ Grade \_\_\_\_\_ Medical Info \_\_\_\_\_ Shirt Size \_\_\_\_\_

**Teen Helpers should complete Section I, III, and IV. There is NO charge for teen helpers.**

V. PARENT/GUARDIAN VOLUNTEER:

FULL TIME: Station Leader \_\_\_\_\_ Group Escort \_\_\_\_\_(Grade \_\_\_\_\_) Nursery \_\_\_\_\_

Teen Coordinator \_\_\_\_\_ Full time leaders will be given t-shirts: Shirt Size \_\_\_\_\_

PART TIME: Days Available: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Photography (Monday) \_\_\_\_\_ Set moving (June 29) \_\_\_\_\_

Serve refreshments (Thursday evening) \_\_\_\_\_ VBS clean-up (June 30) \_\_\_\_\_

Part-time leaders have the option to purchase a t-shirt. Cost TBA Shirt Size \_\_\_\_\_

PRIOR TO VBS: Craft prep at home \_\_\_\_\_ Scenery prep(June 2, 4-8) \_\_\_\_\_ Set Up (June 25, 12:30- ?) \_\_\_\_\_

VII. Payment: \$55 x \_\_\_\_\_ children (PS through grade 7) - \$ \_\_\_\_\_(\$140 maximum). I have enclosed and additional \$\_\_\_\_\_ to support our programs. Total enclosed: \$\_\_\_\_\_. Please make your check to Saint Paul.

No child should be left out due to financial difficulty. Please contact Lisa Nueslein if you have this concern.  
Your privacy will be respected.