



VACATION BIBLE SCHOOL REGISTRATION

St. Joseph Catholic Church

VBS

July 17th – 21st 2017

Name of Child 1: _____ Sex: (circle one) M or F

Age: _____ Grade Completed: _____

Allergies or Medical Conditions: _____

Name of Child 2: _____ Sex: (circle one) M or F

Age: _____ Grade Completed: _____

Allergies or Medical Conditions: _____

Name of Child 3: _____ Sex: (circle one) M or F

Age: _____ Grade Completed: _____

Allergies or Medical Conditions: _____

Name of Child 4: _____ Sex: (circle one) M or F

Age: _____ Grade Completed: _____

Allergies or Medical Conditions: _____

Family Information:

Parents/Guardians: _____ Phone: _____ Cell: _____

Address: _____ EmailAddress: _____

Health Insurance # _____

Emergency Contact Information:

Name: _____ Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature

Date