

VACATION BIBLE SCHOOL 2018 ~ Registration Form



JUNE 11 thru 15 from 9:00AM to Noon (please be early on 6/11.)

ST. HUGH CHURCH, 408 Route 88, Carmichaels, PA 15320 / Phone: 724-966-7270

Ages 4 (preschool) through grade 6 (Fall 2018) are accepted.

~ Children should wear secure footwear (i.e. tennis shoes) to play outside games. Flip-flops are not appropriate.

1. **Child's Name:** _____ Gender (circle): M F DOB: _____ Age: _____ Grade (Fall 2018): _____

2. **Child's Name:** _____ Gender (circle): M F DOB: _____ Age: _____ Grade (Fall 2018): _____

Medical Conditions / Food Allergies: _____

~If child has a special diet, please pack his/her snack & deliver to church kitchen each morning. Thank you.

Parents/Guardians' Name(s): _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Parish / Church where family is registered _____ Email: _____

Emergency Contact (if Parent CANNOT be reached) Name: _____

Relation to Child/Children: _____ Phone: _____

Person Picking-Up Child/Children (if NOT Parent) Name: _____

Relation to Child: _____ Phone: _____

~ Child/Children must be signed-out by a parent or designated person at the end of each day with the child's VBS teacher.

~ If a teenager/sibling will be signing-out the child, the PARENT must provide a signed note to the child's VBS teacher stating that a minor (his/her name under the age of 18 years old) will be signing-out their child. Thank you.

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Pittsburgh Diocese and St. Hugh/OLC Parishes from all manners of actions, claims which I or the child/children named above shall or may have for any reason, arising during my child's/children's attendance of the VBS.

Parent / Guardian Signature

Date

YES NO: I give permission for my child/children to be photographed for newspaper or other publications.

If you wish to make a DONATION (suggested \$10 per family), please make checks payable to **St. Hugh VBS** and return your donation with the completed form. Your generosity is greatly appreciated!

Deadline: Return completed Form **NO LATER THAN May 30th**
to: St. Hugh VBS, 408 Route 88, Carmichaels, PA 15320.