

# VBS Family Information—Please complete ALL information

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

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

Preferred e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Name of church where you are a member: \_\_\_\_\_

**Non-Parent Emergency Contact Name:** \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Who may pick your child up from VBS? \_\_\_\_\_

NAME (First and Last)	M/F	Age	Grade Completing	Date of Birth MM/DD/YYYY
1)				
Special needs of child (medical, allergies, educational, etc):				
2)				
Special needs of child (medical, allergies, educational, etc):				
3)				
Special needs of child (medical, allergies, educational, etc):				
4)				
Special needs of child (medical, allergies, educational, etc):				

*Cost is \$20 per child - Registration Deadline is May 31, 2019*

**Registration for VBS 2019 is due May 31, 2019**

Need more information?

REsecretary@stpeterslinger.org OR 262-644-8083 x2211

Send Registration, along with payment to:

St. Peter Parish  
VBS 2018  
208 E Washington St  
Slinger, WI 53086

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 this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date