

**St. Patrick Catholic Church
Vacation Bible School
July 9-13, 2018, 9 -11:50 AM**



Child's Name: _____ M _____ F _____

Age: _____ DOB: _____ Grade Entering: _____

(Child must be 4 years old by April 30,2018)

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Age: _____ DOB: _____ Grade Entering: _____

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Address: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

E-Mail: _____

Carpool _____ Walk/Bike _____

Emergency Contact Person: _____ Phone: _____

Relationship to Child: _____

Person(s) having permission to pick up child(ren): _____

Allergies/Health Info: (specify child) _____

Medication Required: _____

Church Parish _____

Registration Fee: \$20.00 per child **Cash** _____ **Check #** _____

Make Checks Payable to St. Patrick Catholic Church

T-Shirt Size: YS YM YL AS

*****OPTIONAL***** Music CD \$8.00 per cd Yes _____ No _____

Please include cd fee with your registration fee. Orders for music cd will not be taken after June 17.

I, the undersigned parent and/or legal guardian, grant permission for my child to participate in the St. Patrick Vacation Bible School Program. I understand that this event will take place under the guidance and supervision of a parish representative of St. Patrick Catholic Parish. I agree not to hold St. Patrick Catholic Parish responsible for any claims, damages to personal property, or injury which may result during this event provided adequate supervision is available from qualified advisors. I also hereby warrant that to the best of my knowledge my child is in good health and I assume the responsibility for the health of my child. I do hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency (911). I authorize photos to be taken of my child and published on the St Patrick website or parish bulletin only.

Parent/Guardian Signature: _____ Date _____

OVER

Volunteer Section:

I would like to volunteer in the following area(s):

Art/Crafts_____

Skit_____

Music _____

Games _____

Faith stories_____

Nursery _____

Snacks_____

Decoration/set-up_____

Other _____

Adult Volunteer Name: _____ Phone: _____

Email address _____

Jr. Volunteer: _____ Phone: _____

Email address _____

(Jr. Volunteer must be entering 9th grade or older)

T-shirt size: AS AM AL AXL 2XL