

# St. Patrick Catholic Church Vacation Bible School

**July 8-12, 2019**                      **9 - 11:50 AM**

For upcoming K-5th graders. \*Child must be 4 years old by April 30, 2019



Child's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

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

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Carpool \_\_\_\_\_ Walk/Bike \_\_\_\_\_

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

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

Allergies/Health Info: (specify child) \_\_\_\_\_

Medication Required: \_\_\_\_\_

Is there anything that you would like for us to know about your child that would be helpful during this VBS week?  
(ie. Sensory issues, separation anxiety, hyperactive, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Church Parish \_\_\_\_\_ T-Shirt Size: YS YM YL AS

Registration Fee: \$20.00 per child Cash \_\_\_\_\_ Check # \_\_\_\_\_ (Payable to St. Patrick Catholic Church)

\*\*\*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

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

Art/Crafts \_\_\_\_\_ Games \_\_\_\_\_ Snacks \_\_\_\_\_

Skit \_\_\_\_\_ Music \_\_\_\_\_ Nursery \_\_\_\_\_

Faith stories \_\_\_\_\_ Decoration/set-up \_\_\_\_\_

Other \_\_\_\_\_

Volunteer Section:

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