



Vacation Bible School Registration ~ All are welcome!



1121 N. 14th
Manitowoc, WI 54220
(920) 629-9058

Date: August 6-10th
Time: 9:00am-12:00pm
Location: SFA Waldo Church — 1121 N. 14th & Waldo
Ages: For children going into 3K through 4th Grade.
Cost: Suggested donation of \$10 per child. If you are able to donate more, that is awesome! (attach w/ registration)

Registrations on first come, first serve basis – last year we had 155 students & were nearly at max capacity! ☺
All registrations to SFA Parish Office by Monday, July 23rd to ensure enough supplies - Checks made out to SFA

PARTICIPANT REGISTRATION (going into 3K – 4th grade):

Name: _____ Age: _____ Grade in Fall: _____

Name: _____ Age: _____ Grade in Fall: _____

Name: _____ Age: _____ Grade in Fall: _____

Address: _____

Phone #: _____ Email: _____

Parent(s) Name(s): _____

Person authorized to pick up child(ren): _____

Home Church & School: _____

VOLUNTEER REGISTRATION (Current 4th graders & up - junior crew leaders, station crew, etc):

Name: _____ Grade in Fall: _____ OR Adult _____

Name: _____ Grade in Fall: _____ OR Adult _____

Optional Orders for Shipwrecked Vacation Bible School Items:

We can order ahead and have them ready for you! 😊



VBS Sing & Play DVD \$16 _____



VBS Music CD \$8 _____



In case of emergency, contact : _____

Name and phone number

Allergies or other medical conditions (note child's name): _____

St. Francis of Assisi 2018 VBS: Permission/Liability/Medical Release Form

*For families with multiple students, please list names of **all** students attending in the blanks below*

As parent or legal guardian of: _____

I have reviewed the information about and give my permission for the subject of this **release to be involved in the overall activities** of the event.

I understand that in the event **medical intervention** is needed, every attempt will be made to contact immediately the persons listed on this form. In the event we cannot be reached in an emergency during the event listed on this form, I hereby give my permission to the physician or dentist selected by the event leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that all reasonable safety precautions will be taken at all times by St. Francis of Assisi Church and by its agents during this event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. **I agree not to hold St. Francis of Assisi Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

Signature of Parent/Guardian of above listed student(s): _____ Date: _____

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Medications:

During the time my child(ren) are attending VBS, the following medications may be necessary (name, dosage, time to be taken if pertinent):

*** Please note that ALL medications must be labeled with child name, brought in **original containers** and given to VBS staff for safe storage and distribution.*

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Media Consent:

I consent to the use of any video images or photographs (digital or conventional) that may be taken of the subject of this release during these events to be used, distributed, or shown as St. Francis of Assisi Church sees fit. _____ YES _____ NO

Signature of Parent/Guardian of above listed student(s): _____

Date: _____