

REGISTRATION FORM
ST. EDWARD'S VACATION BIBLE SCHOOL
JULY 16-20, 2018

Family Last Name _____

Address _____
Street City State Zip Code

Father's Name _____ Mother's Name _____

Father's Business Phone # _____ Mother's Business Phone # _____

Home Phone # _____ Emergency Phone # _____

Family E-Mail Address _____

Church Attended by Family _____

Your child will be enrolled in his/her last grade completed - 4 years old through those completing 5th grade:

1) Child's Name _____

Birth Date _____ Last Grade Completed _____

Known Allergies or other medical concerns: _____

2) Child's Name _____

Birth Date _____ Last Grade Completed _____

Known Allergies or other medical concerns: _____

3) Child's Name _____

Birth Date _____ Last Grade Completed _____

Known Allergies or other medical concerns: _____

Registration Fee through Sunday, July 1 - \$15.00 per child/\$40.00 per family; free CD if registered by July 1

Registration Fee beginning Monday, July 2 - \$20.00 per child/\$50.00 per family; CD available to purchase (\$5.00) while supply lasts

Total Fees Due _____ CD Received _____

Amount Received _____ Paid by Check _____ Cash _____

(Please read and complete both sides of this form)

BE A VACATION BIBLE SCHOOL VOLUNTEER

_____ Yes, I would like to help at VBS. Please give me a call!!

Name _____

Phone Number _____

E-Mail Address _____

PERMISSION FORM W/PHOTO RELEASE & EMERGENCY INFORMATION

Emergency Contact Name & Phone # (if parents are unavailable) _____

I give my permission for my child/children to participate in the St. Edward Vacation Bible School. I do hereby release, hold harmless and covenant not to sue the Archdiocese of Portland, St. Edward Church, and all employees and leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms and consent to these conditions. I remain fully liable for any legal responsibilities which may result from actions taken by my child. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered. I also give permission for my child/children to be photographed and to have personally identifiable information regarding my child/children released for parish use only.

Parent Signature

Date