



VBS PARTICIPANT Registration Form

Area-Wide Catholic Vacation Bible School

at St. Elizabeth Ann Seton Parish, Springfield

Tuesday-Friday, JUNE 18-21, 6:00-8:30 p.m. &

Saturday, JUNE 22 3-5:30 pm & Parish Picnic

CHILD'S NAME _____

Age _____ Gender _____ Grade in school **this fall** _____ Date of Birth _____

Name of Parent(s) _____

Address _____ City _____ Zip _____

Parent(s) Phone Number(s) () _____

Parent Email PRINT PLEASE _____

Parish Name & City _____



Allergies or Other Medical Conditions _____

Emergency, Contact _____

Relation to child _____ Phone () _____

Please include payment of \$15 per child or \$40 for three or more children in the same family with checks made payable to *St. Elizabeth Ann Seton Parish*. Contact your parish religious education office if in need of financial assistance. Return form and payment to your parish office. SEAS parishioners and anyone not registered in a Catholic parish, please return directly to: VBS, St. Elizabeth Ann Seton Parish, 2200 W. Republic Road, Springfield, MO 65807.

T-Shirt Size: (circle one) **Youth** XS S M L XL **Adult** S M L XL XXL XXXL

Contact your parish Religious Education Office with any questions.

Return form to your parish office. SEAS parishioners, please return directly to:

VBS, St. Elizabeth Ann Seton Parish, 2200 W. Republic Rd., Springfield, MO 65807 (PSR Office)

SUBMIT BY SUNDAY, JUNE 2 TO BE GUARANTEED A T-SHIRT!

PLEASE COMPLETE A FORM FOR EACH CHILD REGISTERED.

Name of Parent(s) who plan to volunteer at VBS _____

Be sure to complete the required back side, page 2, of this registration form —>



DIOCESE OF SPRINGFIELD – CAPE GIRARDEAU
Parental/Guardian Consent and Media Release Form

Dear Parent/Guardian:

In completing and signing this Parental Consent and Media Release Form, it is hereby understood that, as part of the catechesis and education in parishes and schools, my child/student may be engaged in live and/or recorded electronic communications and activities, such as group email, group texting, social media, and/or audio-video conferencing (using only the specific platforms designated below).

These activities and images may be recorded and included in official Diocesan, Parish, or School Webpage or Social Media posts, materials and campaigns, as well as other media initiatives (e.g., Print or Electronic News Media, Newsletters, Webpages, Fund-Raising, Promotional and Development Efforts, Grant Applications, and Video, PowerPoint or other Electronic or Media Presentations), only in compliance with the Diocesan *Policy and Guidelines for the Use of Technology, Email and Social Media* and other related policies, without compensation to child or parents/guardians.

Photographs, video and audio conferencing and recordings, social media posts, and other print and electronic media may be available for an undetermined amount of time, unless otherwise noted: _____
and restricted to specific groups of people: _____
and, for a specific purpose: _____

- ✦ Parents/Guardians who have completed and are in compliance with the Safe Environment requirements, Training and Background Screening, and have submitted the current Code of Conduct for Adults to the Parish/School Safe Environment Coordinator may request to participate in video/audio conferencing sessions involving their child. Parents/Guardians may, at any time, request copies of materials sent to their child regarding electronic communications.
- ✦ I understand that, due to the nature of the electronic communication and media platforms, confidentiality and/or protections from unauthorized dissemination cannot be guaranteed.
- ✦ I understand that any photographs, audio-video recordings will only be used by the Diocese, Parish or School in a legal manner and that in no way will my child be depicted in an unethical manner.
- ✦ I verify that I am aware of, understand, and agree to comply with the *Policy and Guidelines for the Use of Technology, E-Mail, and Social Media*, which is available on the diocesan Child and Youth Protection webpage
- ✦ I understand that unauthorized personal (one-on-one) conversations between diocesan personnel and minors violate the *Policy and Guidelines for the Use of Technology, E-Mail, and Social Media*, and that I may report any concerns or violations to the Diocesan Office of Communications, Media and Publications, the Diocesan Office of Child and Youth Protection, Law Enforcement, or the Missouri Child Abuse and Neglect Hotline 800-392-3738 or 844-CAN-TELL.
- ✦ This Consent and Release is effective for the current academic year, beginning July 1 and ending June 30 the following year, and may be revoked by parent/guardian at any time by written notice.

Child/Student Name: _____ DOB: _____

Parish/School/Group and Location: _____

Permission is granted for these contact preferences (initial and complete):

____ Group Email for Parent/Guardian: _____ Child: _____

____ Group Text for Parent/Guardian: _____ Child: _____

____ Video/Audio Conferencing Platform: _____

____ Designated Social Media Platform: _____ Facebook _____ Twitter _____ Instagram _____ YouTube

____ **NO, I do not consent to my child being contacted through any electronic communication.**

Parent/Guardian Name (printed): _____ Phone No: _____

Parent/Guardian Signature: _____ Date: _____