VBS 2018 REGISTRATION

(PRE-K THROUGH 6TH GRADE)

MONDAY, JUNE 11 – FRIDAY, JUNE 15 8:45 AM TO NOON

LAST NAME: _____ **FIRST NAME:** _____

Child's age: _____ **Date of Birth:** _____ **Grade in 2018-2019:** _____ **Gender:** ☐ **M** ☐ **F**

Home Parish: _____

T-shirt size: (circle one):

Youth: XS (4) SM (6-8) MED (10-12) LG (14-16) XL (18-20) Other _____

FAMILY INFORMATION:

Last Name: _____ **First Name:** _____

Home Phone: _____ **Cell:** _____ **Text?** Y N

Family E-mail Address (please use the address checked most often):

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Siblings in VBS:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Person(s) authorized to pick up your child from VBS:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

PLEASE FILL OUT BOTH SIDES

EMERGENCY INFORMATION: (when the parent/guardian cannot be reached)

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Health Insurance Provider: _____ **Policy/Medical Number:** _____

Family Physician Name: _____ **Phone:** _____

Does your child have any special needs? IEP?

Does your child have any allergies or medical concerns? (Especially food allergies)

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT:
In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to St. Clare Catholic Church, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

CONSENT TO PARTICIPATE:
By signing on the above below, I consent to have my child participate in St. Clare's VBS program and will allow photographs to be taken of my child to use for parish purposes only. My child's picture may be taken for the church bulletin, website, for arts and crafts activities, and for promotion of future VBS programs at St. Clare.

Signature of parent/guardian: _____ **Date:** _____

(Office Use Only):
ENVELOPE # _____

Pmt rec'd: $ _____ **date:** _____ **Check #:** _____

Number of children attending VBS: _____

(Office Use Only)

CREW: _____