



St. Mary & St. Patrick 2019 Vacation Bible School Registration Form

Crew Number _____
(Church Use Only)

June 10-14, 9am-12:30pm

(Please complete one form for each child. Please Print.)

FEE: \$25 per child with a cap of \$50 for two or more children from the same family.
(Check here if payment made online through Give Central)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____

Home email address: _____

Home Parish: _____

In the event of an Emergency, please contact:

Name	Relationship	Phone Number
_____	_____	_____

****If the first contact cannot be reached please provide the name and number of a second contact.***

Name	Relationship	Phone Number
_____	_____	_____

Allergies or other medical issues:

Photography Permission

During VBS, we do take pictures. We would like your permission to use these pictures in the following ways.

- on the parish website
- on the parish official Facebook page
- on the parish bulletin boards
- in the parish bulletin
- in The Observer/El Observador (Newspaper for the Diocese of Rockford)

Please check which preference you have regarding use of photos for your child.

Yes, I grant permission to use the photos in these ways. No, please do NOT take or use any photos of my child.

Yes, my child's name can be used with pictures. No, please do NOT use my child's name with

(OVER)



2019 Vacation Bible School Medical Permission Form

(Please complete one form for each child. Please Print.)

I grant permission for the administration of first aid to _____

By the people in charge of St. Patrick/St. Mary Vacation Bible School and those transporting my child to and from the program as their judgement deem advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any surgery, except when delay in such communication would endanger a life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian to the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child. I, the undersigned, shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or discipline problems, the undersigned will be called and expected to pick up the child or make arrangements for the child to be picked up immediately.

Printed name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

In case of custody agreement, permission form must be signed by parent who has custody on these days.

Address _____

City, State, Zip _____

Authorized Physician _____ Phone _____

Insurance Information

Policy in name of _____

Insurance Company _____

Group # _____ ID# _____