

# Vacation Bible School 2018

## Participant Registration Form

June 18th- 22nd

9:00am- 12:15am

Kids Ages 4 to 11

St. Mary School

East Dubuque, IL

\$35.00 Per Child



### Child's Information:

Name: \_\_\_\_\_

Sex: (circle one) Male or Female Age: \_\_\_\_\_ Grade Completed \_\_\_\_\_

T-Shirt Size: (circle one) *Child Sizes:* X-Small Small Medium Large

*Adult Sizes:* Small Medium Large X-Large

Allergies or medical conditions \_\_\_\_\_

### Family Information:

Parents/Guardians' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

### Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese, and Parish from all manners of actions, claims, which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent/ Guardian Signature

Date

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### **Additional Registration:**

**Return Completed form by Monday, June 4, 2018 ( to receive a shirt)**

*Forms may be dropped in the collection basket at church, dropped off at St. Mary Rectory or mailed to St. Mary's Church-Vacation Bible School, 170 Montgomery Avenue, East Dubuque, IL 61025*

Every morning of Vacation Bible School each child has the opportunity to participate in an quick opening skit. If your child would like to participate in this please fill out information bellow!

Name: \_\_\_\_\_

Age \_\_\_\_\_

Gender: (Circle one)    MALE    FEMALE

Are they able to read on their own? (Circle one)    YES    NO

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