



## **Vacation Bible School Child Registration Form**

Child's Information:	
Name:	
Gender: M F Age: Current School	Grade completed:
T-shirt size: (circle one) child sizes: XS S M	L / adult sizes: S M L XL
Allergies or medical conditions:	
Family Information:	
Parent/Guardian Name:	
Address:	Email:
Phone Numbers:	
Home: Cell: _	
<b>Emergency Contact:</b>	
Name:	Phone:
derstand that reasonable precautions will be taken to safeguard the health and in as possible in the event of an emergency. In the case of sickness or an accidenteers of the VBS program to obtain medical care from a licensed physician, he ther legal guardian(s) cannot be reached. I hereby do release and forever discriptors of actions, claims which I or the child named above shall or may have for eas other written instruction is submitted, I also consent to allowing my child's in VBS week or for future advertisement of Cat.Chat VBS programs.	ent, I authorize and consent the VBS Team, or other associated aspital, or medical clinic for my son/daughter in the event that myse arge Cat.Chat Productions Inc., this Diocese, and this Parish from any reason, arising during my child's attendance of the VBS.

Return the completed form with payment to the school office, parish office, or Sunday Offertory Basket.

Register by April 15 for Early Bird Discounted Rate: \$55 per child, family max: \$165.00

Parent / Guardian Signature

April 16 to May 31, \$65 per child, family max: \$195.00 (Contact Mr. Hunt by April 30 If In need of financial aid)