



2019 Vacation Bible School REGISTRATION

June 3-6, 2019 – 9:00AM-12:00PM – Holy Rosary Catholic Church

**Please return this form along with payment of \$30 per child to the parish office no later than May 6, 2019*

Child's Name

First/Last

Special Needs

Allergies, Medical Concerns

Sex

M/F

Grade

in the Fall

T-Shirt Size

*Youth XS (4), S (6-8)
M (10-12), L (14-16)
Ad Sm, Ad Med*

Child 1: _____

Child 2: _____

Child 3: _____

Parent's Names: _____

Primary Email Address: _____

Home Address: _____ City: _____ Zip: _____

Mother's Cell: _____ Father's Cell: _____

Emergency Contact (if parents cannot be reached)

Name: _____ Relationship: _____ Cell Phone: _____

Medications: My child, _____, is taking medication at present. My child will bring all such medications necessary and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, will be included with the medication.

Medical Treatment: In the event it comes to the attention of the employees/volunteers of Holy Rosary Catholic Church associated with Vacation Bible School that my child needs immediate medical attention and either parent or the Emergency Contact cannot be reached, I give permission for the VBS staff to call Emergency Medical Services.

Photos: I give permission for my child/children to be photographed during VBS. Photographs will be used for the VBS program slide show and may be put on the parish website.

I authorize the items above that are checked.

Parent Signature _____