

For children entering
Preschool (4 years old) through 5th grade in the Fall
Holy Rosary Catholic Church
August 2 - 5, 2021
9:00AM – 12:00PM

Please return this form along with payment of **\$5 per child** to the parish office **no later than Wednesday, June 30th**.

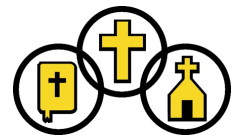
Thanks to the generosity of a Holy Rosary family, the cost for VBS has been changed to \$5 per child. We are very grateful for their gift to our families and parish!

Contact Kathy Olson if you have any questions:
kaolson@holyroarycc.org / 218 - 847-1393

2021 Vacation Bible School REGISTRATION

August 2-5, 2021 – 9:00AM-12:00PM

Holy Rosary Catholic Church



*Please return this form along with payment of \$5 per child to the parish office **NO LATER THAN JUNE 30.**

Child's Name

First/Last

Special Needs

Allergies, Medical Concerns

Sex

M/F

Grade

in the Fall

T-Shirt Size

*Youth XS (4), YS (6-8)
YM (10-12), YL (14-16)
Adult Sm, Adult 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 and used in other communication sent out by the parish.

I HAVE AUTHORIZED THE ITEMS ABOVE THAT ARE CHECKED. **Parent Signature** _____

I have a middle school student (entering grades 6-8) and/or high school student (entering grades 9-12) who would like to help with VBS.
Kathy Olson will contact you about your child's interest and availability. VBS volunteers do not pay the registration fee.

Student's name _____ Grade _____ T-shirt size _____

Student's name _____ Grade _____ T-shirt size _____