

# Vacation Bible School Registration Form



MARVELOUS MYSTERY  
The Mass Comes Alive

When: Monday, June 17<sup>th</sup>-Thursday, June 20<sup>th</sup> 2019  
9:00-11:45am

Where: St. Joseph School

Who: Ages 4yrs old-3<sup>rd</sup> grade (just finished 3<sup>rd</sup> gr. in 2018-2019)

Cost: \$30 per participate (\$120 max per family) **Deadline 5-22-19**

Turn in form to the  
School/Parish office  
or drop boxes.

## Child's Information:

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

Gender: (circle one) M      F      Age: \_\_\_\_\_ Grade completed 2018-2019: \_\_\_\_\_

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

Health Insurance # (if applicable): \_\_\_\_\_

## Family Information:

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

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

## Phone Numbers:

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

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

Interested in Volunteering? Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## 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 this 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

OFFICE USE:      Received Form On: \_\_\_\_\_

Paid Amount: \_\_\_\_\_ Payment Type \_\_\_\_\_

Questions Contact: Julie Loscheider – [jloscheider@stjosephwaconia.org](mailto:jloscheider@stjosephwaconia.org) or 952-442-3703



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