



VBS CAMPER REGISTRATION FORM

Child's Name: _____ Child's Gender: _____

Child's Age _____ Date of Birth: _____ grade entering: K4 K 1 2 3 4 5
circle one

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____

Parent/Caregiver Cell Phone: (_____) _____

E-Mail Address: _____

Please include \$25.00 for each child registered.
(Checks may be made payable to St. John Vianney Parish)

FOR PARISH USE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____ Check Cash

I hereby consent to participation by my son/daughter in the St. John Vianney Vacation Bible School during the week of August 6 –9, 2019. I understand that this event will take place at St. John Vianney Parish. As parent/legal guardian, I remain fully responsible for any actions taken by the named student. I further hold harmless St. John Vianney Parish, the Diocese of Madison, its officers, directors and agents, and all employees and volunteers associated with this event.

Signature of Parent/Guardian

Date

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent and/or legal guardian, I do hereby authorize medical treatment for the following minor child in the event of a medical emergency (Please indicate the child's full name):

This Authorization shall be valid for the period August 6—9, 2019. A photocopy of this Authorization shall be as valid as the original.

Signature of Parent/Guardian

Date

Medical Information we should be aware of (Food Allergies, Diabetes, Epilepsy, etc):

Condition(s): _____

Current Rx: _____

Special Learning Needs we should be aware of:

Comments: _____
