

St. Joseph Parish VBS

June 17-21, 2019 5:30 – 8:30 pm

Please fill out this form completely and please PRINT neatly.



Family Information

Family Name: _____
Mother's Name: _____ Father's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Mother's Cell: _____
Father's Cell: _____ Family E-mail: _____

Camper Information

Child's Name: _____
Age*: _____ Grade in Fall '19: _____ T-shirt Size***: _____

Allergies & medical conditions**: _____
Special Request: _____

Child's Name: _____
Age*: _____ Grade in Fall '19: _____ T-shirt Size***: _____

Allergies & medical conditions**: _____
Special Request: _____

Child's Name: _____
Age*: _____ Grade in Fall '19: _____ T-shirt Size***: _____

Allergies & medical conditions**: _____
Special Request: _____

Child's Name: _____
Age*: _____ Grade in Fall '19: _____ T-shirt Size***: _____

Allergies & medical conditions**: _____

Special Request: _____

* Preschoolers must be 3 years old at the time of the program and toilet trained.

** Include all food allergies because a small snack will be served each night. If your child's allergies are severe please send a snack for your child.

*Available sizes are: Youth Small (YS), Youth Medium (YM), Youth Large (YL), Small (S), Medium (M), Large (L), Extra Large (XL)

Emergency Information

Emergency Contact (other than parent listed above): _____

Cell: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Insurance plan and/or health card number: _____ Hospital of preference: _____

I, _____, hereby give my consent to any emergency medical or surgical care which may be needed and deemed necessary to my children named above while participating in VBS. I understand a reasonable attempt will be made to contact me before use of this consent is made.

Name

Date

I, _____, hereby grant permission for my child to be photographed and/or videotaped during Vacation Bible School (VBS). I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBS and/or Faith Formation programs at St. Joseph Church.

Name

Date

TOTAL NUMBER OF PARTICIPANTS _____ x \$50 = _____
OR

FAMILY REGISTRATION (3 or more) \$125 = _____

TOTAL NUMBER OF SHIRTS _____ x = _____
(Shirt included)

AMOUNT ENCLOSED WITH REGISTRATION FORM = _____

Return this form and \$50 per student or \$125 per family to the parish office.

Checks should be made payable to ST. JOSEPH CHURCH

Registration is limited to 140 Elementary and 30 Preschoolers.

A place will not be held for your child without payment

Registration will not be accepted after June 3, 2019.

VBS may fill before that date, in which case a waiting list will be created.