



# Vacation Bible School

June 10<sup>th</sup> - 14<sup>th</sup>, 2019

9:00 am - 12:00 pm

*For ages PK - Rising 5<sup>th</sup>*



**Completed forms (with payment) are accepted until the program is FULL.**

**Registration deadline is *Monday, May 27, 2019***

**Cost is \$35/child - completed forms may be returned to the Religious Education Office.**

**PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION**

Parent/Legal Guardian Last Name \_\_\_\_\_

**Parents/Guardian**

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

**Child 1:** First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F

Grade in fall 2019: \_\_\_\_\_ T-shirt Size (please select):  YS  YM  YL  YXL  AS  AM  AL  AXL

Any learning needs or physical concerns (allergies, etc.) \_\_\_\_\_

**Child 2:** First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F

Grade in fall 2019: \_\_\_\_\_ T-shirt Size (please select):  YS  YM  YL  YXL  AS  AM  AL  AXL

Any learning needs or physical concerns (allergies, etc.) \_\_\_\_\_

**Child 3:** First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F

Grade in fall 2019: \_\_\_\_\_ T-shirt Size (please select):  YS  YM  YL  YXL  AS  AM  AL  AXL

Any learning needs or physical concerns (allergies, etc.) \_\_\_\_\_

**Child 4:** First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F

Grade in fall 2019: \_\_\_\_\_ T-shirt Size (please select):  YS  YM  YL  YXL  AS  AM  AL  AXL

Any learning needs or physical concerns (allergies, etc.) \_\_\_\_\_

**Photo Release: \_\_\_\_\_ Approve (Parent Initials) or \_\_\_\_\_ Deny (Parent Initials)**

I authorize that appropriate pictures of my child (ren) may be taken during activities. I hereby grant the use of photos to St. Rose Parish Facebook page, bulletin, and group photo keepsake.

**Medical Release: \_\_\_\_\_ (Parent Initials)**

In the event of an illness, I request that a designated agent of St. Rose Parish obtain medical treatment on my behalf for my child. I will not hold St. Rose Parish, the Diocese of Phoenix, church employees, or volunteers responsible for any accident or injury.

**Office Use Only**

**Registration Fee** - \$35 x \_\_\_\_\_ (Number attending) = Total Received: \_\_\_\_\_ Date: \_\_\_\_\_

CC \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ CR number \_\_\_\_\_ Received by: \_\_\_\_\_