



St. Rose Philippine Duchesne Vacation Bible School

June 8th - 12th from 9:00 am - 12:00 pm

For ages PK - 5th Grade

Completed forms, with payment, are accepted until the program is FULL.

Cost is \$50 per child / \$95 for 2 children / \$135 for 3+ children of the same family

PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION

Parents/Guardian

Name of Parents: _____

Address: _____ City/Zip Code: _____

Mom's Cell: _____ Dad's Cell: _____

E-mail: _____

Child 1: Name : _____ Age: _____ Gender: M ___ F ___ Last grade completed: _____

T-shirt Size (please circle): YS YM YL YXL AS AM AL AXL

Allergies or other medical conditions: _____

Child 2: Name : _____ Age: _____ Gender: M ___ F ___ Last grade completed: _____

T-shirt Size (please circle): YS YM YL YXL AS AM AL AXL

Allergies or other medical conditions: _____

Child 3: Name : _____ Age: _____ Gender: M ___ F ___ Last grade completed: _____

T-shirt Size (please circle): YS YM YL YXL AS AM AL AXL

Allergies or other medical conditions: _____

In Case of Emergency, contact: _____ Relationship: _____

Phone Number of contact: _____

Photo Release: _____ Approve (Parent Initials) or _____ Deny (Parent Initials)

Photos will be taken throughout the week, and we would like to post the photos on our private Facebook page, in the bulletin and for a group photo keepsake. Please indicate if you give your permission for your child's pictures (no name) to be posted.

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:

Fees: \$50 (1 child) _____ \$95 (2 children) _____ \$135 (3+ children) _____ Total Due: _____

Payment: CC ___ Cash/Receipt # _____ Check #/Receipt # _____ / _____ Total Received: _____

Received by: _____ Date: _____