

Vacation Bible School Registration Form

July 17-21, 2017 at Sacred Heart of Jesus Catholic Church, Muldowney Hall

Monday-Thursday: 8:45am-noon; **Friday:** 7:45am-noon (to attend 8:30am Mass)

Participant Ages: Children entering kindergarten thru 5th grade in fall 2017 (*first 100 children admitted*)

COST: \$20 per child; Family fee (three or more children) is \$50

We are excited to have your child(ren) participate in this year's program, *Wilderness Adventure Through the Sacraments*. In this Safari/Wilderness themed program, we will inspire the children in their Catholic faith by better understanding the seven sacraments.

VBS Director: Mrs. Khris Arnold - (h) 667-5820, khris412@yahoo.com

BY June 9th: Please mail form & payment to

Sacred Heart RE Office, c/o VBS Registration, 130 Keating Drive, Winchester, VA 22601

Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade entering in fall 2016: _____

Allergies or medical conditions: _____

Name: _____

Sex: (circle one) M F Age: _____ Grade entering in fall 2016: _____

Allergies or medical conditions: _____

Name: _____

Sex: (circle one) M F Age: _____ Grade entering in fall 2016: _____

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Hm:* _____ *Wk:* _____ *Cell:* _____

Email: _____

Physician's Name: _____ Phone number: _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

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