



Participant Registration

VBS 2018 June 11-15 9:00am – 11:45am

Registration fee.....\$45

Scholarships available-see office in person.

Children of volunteers.....\$35

Discount applies to children of volunteers ages 18 or older.

Registration deadline May 24! Registrations received after will be put on a "wait" list.

PARENT INFO - please print CLEARLY and fill out BOTH sides. Permission form is on back.

<hr/>	<hr/>	NO YES	<i>If YES, please turn in Volunteer Form</i>
<i>First name (write above)</i>	<i>Last name</i>	<i>VBS volunteer?</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>Street address</i>	<i>City</i>	<i>Zip</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>E-mail address</i>	<i>Mobile phone</i>	<i>Other phone (specify)</i>	

PARTICIPANTS - For preschool through grade 5 - in Fall of 2018

Child 1	<hr/>	M F	<hr/>	<hr/>	<hr/>
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

Child 2	<hr/>	M F	<hr/>	<hr/>	<hr/>
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

Child 3	<hr/>	M F	<hr/>	<hr/>	<hr/>
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

- Yes! I would like to purchase the "Shipwrecked" Music CD for \$8.00. CDs will be available in April.**
- Yes! I would like to contribute \$_____ to the Scholarship Fund so that no child need to be turned away due to inability to pay.**

OFFICE USE ONLY	Registration fee \$ _____	Date received _____
	Music CD \$ _____	Check or cash _____
	Registered with siblings _____	Total paid \$ _____

Permission Form

St. Joseph the Worker Catholic Church

NAME OF EVENT.....Vacation Bible School
DESTINATION.....at St. Joseph the Worker Catholic Church
EVENT DATE & TIME.....June 11-15, 2018; 9:00 to 11:45 am
MODE OF TRANSPORTATION.....N/A
INDIVIDUAL(S) IN CHARGE.....Monica Liebl
Beth Heimer



I, _____, give permission for the names on the reverse side of this paper to
(PRINT Parent or Guardian-first and last name.)

participate in the above described event. I warrant that my child (children) is in good health. In consideration of my child's (children's) participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child (children's), or others, that arises out of any behavior by my child (children) at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I agree that I am responsible for my child's (children's) conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child (children).

EMERGENCY MEDICAL INFORMATION

In the event of an emergency, I give permission to transport my child (children) to a hospital. I agree to allow my child (children) to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the numbers on reverse, contact:

_____	_____	_____
<i>Emergency Contact Name</i>	<i>Phone</i>	<i>Relationship to Participants</i>
_____	_____	
<i>Insurance Company</i>	<i>Family Health Plan Carrier Number</i>	
_____	_____	
<i>Family Dr. (Name)</i>	<i>Dr. Phone</i>	

I have filled out allergy information and medical information on the reverse side for each child.

As parent or guardian, I agree to all of the above stated considerations and conditions.

X _____
Signature *Date*

NOTE:
Please make sure you fill in the "Code of Conduct" and "Photo Permission" forms attached.

PLEASE RETURN THIS FORM AND PAYMENT BY MAY 24, 2018!

Student Cost: \$45.00 each (\$35.00 for children of volunteers). *Discount applies to children of volunteers ages 18 or older.*