



## Vacation Bible School Registration 2024

June 25-28, 2024

9:00am-12 noon

**SCUBA VBS is for students age 4- students entering 5<sup>th</sup> grade in August 2024.**

Parent/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Person who will generally be picking your child(ren) at 12 noon: \_\_\_\_\_

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**Child:** \_\_\_\_\_ **Grade (Entering in August '24):** \_\_\_\_\_

Gender: \_\_\_\_\_ Special Needs/ Allergies: \_\_\_\_\_

What else would you like us to know about this child? \_\_\_\_\_

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**Child:** \_\_\_\_\_ **Grade (Entering in August '24):** \_\_\_\_\_

Gender: \_\_\_\_\_ Special Needs/ Allergies: \_\_\_\_\_

What else would you like us to know about this child? \_\_\_\_\_

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**Child:** \_\_\_\_\_ **Grade (Entering in August '24):** \_\_\_\_\_

Gender: \_\_\_\_\_ Special Needs/ Allergies: \_\_\_\_\_

What else would you like us to know about this child? \_\_\_\_\_

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### **Medical Consent in Case of Emergency**

In the event that I, or the second emergency contact, cannot be reached to make arrangements, I hereby give my consent to St. Albert the Great Parish to contact the below named physician and, if necessary, transport my child to a clinic or a hospital. If deemed medically necessary, I give permission for hospital/clinic staff and/or EMS to treat and transport my child.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Permission to Photograph**

I hereby grant St. Albert the Great Parish permission to photograph and/or video record my child for use in program promotion, photo album, slideshow, or social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I do not grant St. Albert the Great Parish permission to photograph and/or video record my child for use in program promotion, photo album, slideshow, or social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Registration Deadline is Monday, June 3rd.**

**Registration Fees: \$40 per child, not to exceed \$120 per family.**

Number of children registered \_\_\_\_\_ X \$40 = \_\_\_\_\_

Payment is due with registration form.

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**Are you willing to volunteer to help with SCUBA VBS?** \_\_\_\_\_

**If so, what is your availability?** \_\_\_\_\_

**In what capacity would you be willing to serve?** \_\_\_\_\_

**Have you had Safe Environment training?** \_\_\_\_\_

**Office Use Only:** Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Type (with check #): \_\_\_\_\_