

# 2025 SUMMER VBS REGISTRATION



## CAMP INFORMATION

**Address:** 6309 El Apajo Rd., Rancho Santa Fe, CA 92067

**Location:** Nativity School, *Holy Family Activity Center*

**Date:** Monday, June 23, 2025, to Friday, June 27, 2025

**Time:** 9:00 AM to 12:00 PM

**Grade:** PreK– Grade 5

**Cost:** \$125 first child, each additional child, \$95

### **Payment:**

1. Credit Card: **Use phone to scan QR code, click “one time gift”,** then then “VBS” OR
2. Bring **check** on the first day of camp, check payable to “Church of the Nativity” OR
3. Go pay on the **Parish website:** [www.nativitycatholic.org](http://www.nativitycatholic.org) and click “one time gift”, then “VBS”



**Parent or Guardian Name:** \_\_\_\_\_

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

**Cell:** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_@\_\_\_\_\_

<b><i>Name of Student</i></b>	<b><i>Youth T-shirt size (xs to xl)</i></b>	<b><i>Grade (Fall)</i></b>	<b><i>Current School</i></b>
1.			
2.			
3.			
4.			
5.			

## PARENT AGREEMENT

I, agree on behalf of myself, my child (children) named herein, or our heirs, successors, and assigns, to hold harmless and defend Church of the Nativity, the Diocese of San Diego, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperons, or representative associated with the event for reasonable attorney’s fees and expenses with may incur in any action brought against them as a result of such reasonable attorney’s fees and expenses which many incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of San Diego.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**PHOTO/VIDEO RELEASE:** I, authorize the Church of the Nativity, its representative, or volunteers, to photograph or record on audio or video of my child (children) named herein, for purposes of furthering

the mission of the Church of the Nativity, in this specific case, the creation of publication materials for those who participate in Vacation Bible School 6/23/25 through 6/27/25. Photos, audio or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for Church of the Nativity related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**MEDICAL MATTERS:** I hereby warrant that to the best of knowledge, my child is in good health, and I assume all responsibility for his/her health.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**MEDICATIONS:** No medication of any type prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**SPECIFIC MEDICAL INFORMATION:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergies: \_\_\_\_\_

Sensitivities: \_\_\_\_\_

Medical conditions/learning needs: \_\_\_\_\_

Anything that we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
*If there are any questions or concerns, please do not hesitate to contact Natasha Odero, the VBS Coordinator:  
nodero@nativitymail.org OR call (858)248-3487.*

