

VACATION BIBLE SCHOOL REGISTRATION 2022



June 6-June9, 2022 9:00 AM – 12:00 PM (Monday – Thursday)
AGES PRE-K* – 5th GRADE * Children Must be Age 4 and FULLY POTTY TRAINED

Parent/Guardian Name: _____ Phone: (H) _____ (C) _____

Address: _____ ZIP _____ Email: _____

Emergency Contact Name: _____ Relation _____ Phone: _____

1. Child: _____ GRADE (FALL '22) _____ BIRTHDATE: _____

Gender: M F (Circle) Special Needs/Allergies _____

2. Child: _____ GRADE (FALL '22) _____ BIRTHDATE: _____

Gender: M F (Circle) Special Needs/Allergies _____

3. Child: _____ GRADE (FALL '22) _____ BIRTHDATE: _____

Gender: M F (Circle) Special Needs/Allergies _____

4. Child: _____ GRADE (FALL '22) _____ BIRTHDATE: _____

Gender: M F (Circle) Special Needs/Allergies _____

MEDICAL CONSENT IN CASE OF AN EMERGENCY: (See Reverse Side)

In the event that I 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 hospital. If deemed medically necessary, I give permission for hospital staff and/or EMS to treat and transport my child.

Physician's Name: _____ Phone: _____

Parent's Signature: _____ Date: _____

PERMISSION TO PHOTOGRAPH:

I hereby give St Albert the Great Parish permission to photograph/video record my child for use on display board/ photo album, or slideshow.

Parent Signature: _____ Date: _____

DEADLINE TO RETURN FORM IS MAY 20, 2022 – Registration will be cut off after our limit– (Unless we get more adult volunteers!)

Number of Children _____ X \$30 = \$_____ (Total due for Registration)*
*Not to exceed \$90 per family

For OFFICE use only: Payment Type: CASH Ck Amount: _____ Date: _____ Ck # _____
