

# St. Therese of Lisieux 2018 Vacation Bible School Registration Form

### **PARTICIPATION, MEDICAL AND PHOTO WAIVERS**

As a parent/guardian of the child(ren) listed on this form, permission is hereby given for my child(ren) to participate in activities sponsored by St. Therese of Lisieux. I recognize that engaging in the activities at St. Therese of Lisieux may expose my child (ren) to the possibility of physical injury and agree to hold St. Therese of Lisieux Catholic Community harmless, as well as their employees, organizers, and any volunteers assisting in the programs, from liability and claims arising out of my child's participation in programs subsidiaries, and related activities.

In the event my child should require medical treatment, I also give permission for medical treatment to be secured at my own cost.

**I have read the above Participation and Medical Waivers.**

Parent's Initials

As part of our programs, pictures are occasionally taken of the students participating in activities and events. Please, indicate below whether St. Therese of Lisieux may include pictures of your child(ren) in our parish bulletin or on the parish web site. **WE WILL NOT IDENTIFY YOUR CHILD(REN) BY NAME.**

**Yes, you may use pictures of my child(ren).**

Parent's Initials

**No, you may not use pictures of my child(ren)**

Parent's Initials

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **REGISTER EARLY! SPACE IS LIMITED!!**

#### **TUITION**

**\$25.00 per child before June 1**

Date	Tuition	Cash	Check#	Amount	Initials

<b>Credit Card</b> (Information will be destroyed after use.)	
Charge my:	VISA _____ MasterCard _____
Total Amount:	_____
Expiration Date:	_____ CVV: _____
Name on Card:	_____
Cardholder Signature:	_____
(required for charge payments)	

**St. Therese of Lisieux  
2018 Vacation Bible School Registration Form**

***Shipwrecked: Rescued by Jesus Vacation Bible School***

June 25 - June 28  
9:30 AM - 12:30 PM

FAMILY EMAIL ADDRESS: \_\_\_\_\_

*Write CLEARLY an email address that you use DAILY!*

FAMILY LAST NAME \_\_\_\_\_

Name of Father \_\_\_\_\_

Name of Mother \_\_\_\_\_

Address/ City/ Zip \_\_\_\_\_

( ) ( )

Father's Cell Phone \_\_\_\_\_

( ) ( )  
Mother's Cell Phone \_\_\_\_\_

( ) ( )

Home Phone \_\_\_\_\_

**Preschool - Grade 5**

First and Last Name	Birthdate	Current Grade	Child T-Shirt Size	Adult T-Shirt Sizes	**Friend Request	allergies	Tuition
			XS S M L XL	S M L XL			\$25.00
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			
			XS S M L XL	S M L XL			

\*\* You may request one friend to be placed in the same group as your child. We will make every effort to accommodate your request.

**ADULT VOLUNTEER INFORMATION**

First and Last Name	Phone #	Email address	Adult T-Shirt Sizes	Have you taken Protecting God's Children?
			S M L XL	YES/NO
			S M L XL	YES/NO

**AUTHORIZED ALTERNATE PICK UP** (Someone other than the parents that can pick up the child/ren.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**EMERGENCY CONTACT PERSON** (other than parent): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Turn Page Over

Tuition Due \_\_\_\_\_