

Immaculate Conception Parish Vacation Bible School for Ages 4 by June 30th to Grade 5

Monday, June 12 to Friday, June 16th 2017 8:45 a.m.--12:00 p.m.

414 Madison St., Port Clinton, 419 734 4004

email: icchurchpc@frontier.com

"Mighty Fortress"--In Jesus, the Victory is Won!

(Office Use: Group ___)

Registration Form—one for each child PLEASE PRINT EVERYTHING

Child's Age: _____ **Must be 4 by June 30, 2017//** Birthdate _____ / Gender: M or F/ Just Completed Gr. _____

Child's Name: First _____ Last _____ Nick Name _____

Child's Street Address _____

Child's City _____ State _____ Zip _____

Child's Home Phone # _____

Parents' Name(s) _____ cell# _____

Parents' Name(s) _____ cell# _____

Parents' Email(s) _____

Who to contact in case of an emergency _____

Phone # _____

Relation to the child: Parent, Grandparent, Aunt/Uncle, Guardian, Babysitter, Neighbor

Who will be picking up your child after VBS?

Name: _____ Cell # _____

Name: _____ Cell # _____

Child's Allergies _____

Medical Issues/Special Needs? _____

My child will attend VBS on: ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me. In the event that I am not able to be contacted, you may send my child to the nearest hospital for treatment.

Photo Release: I hereby grant the above named parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission for attendance, medical and photo release _____ Date _____

(Parent Signature)

____ Yes, I am aware that my child(ren) may bring a water bottle with name each day.

____ Yes, I have attached to this registration, a purple T-shirt, with name written on tag of shirt or on back inside collar.

____ Yes, I will pick CD up at the parish office at 414 Madison St.

(Office Use: Circle: CD was given)

VBS is a self-sustaining ministry at Immaculate Conception Church: Donations are greatly appreciated!

