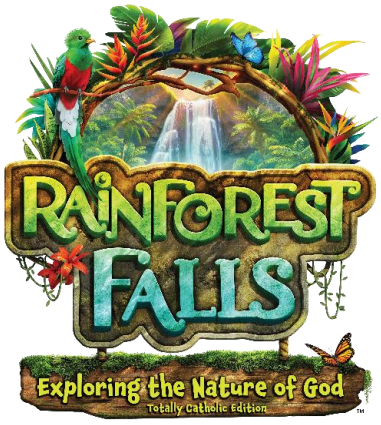

SS. Philip and James Parish
Vacation Bible School
June 22 to June 26, 2026
9:15 AM to 12:15 PM

STUDENT REGISTRATION FORM

Fees: $75.00 for one child; $110.00 for two children; $150.00 for three or more children. Please make checks payable to:
SS. Philip and James Parish

(Complete the two-page form for each child.)
ALL REGISTRATIONS MUST BE RECEIVED BY May 29th.

Child's Name: _____

Date of Birth: _____
Last school grade completed, as of June, 2026: _____ (Rising PK-4 to rising 5th Grade.)

Name of Parent(s): _____

Address: _____

Home Phone: _____ Parent Cell Phone: _____

Parent email address: _____

T-shirt size:
_____YXS _____YS _____YM _____YL _____YXL

_____AS _____AM _____AL _____AX

I ☐ grant permission ☐ do not grant permission for my child's picture to appear in the parish bulletin and on the parish website. (Names of children will not be printed with pictures.)
Parent Signature: _____

MEDICAL RELEASE
SS. PHILIP AND JAMES VACATION BIBLE SCHOOL
JUNE 22 TO JUNE 26, 2026

I (we), the undersigned parent(s) or guardian of _____
(child's name)
a minor, do hereby authorize adult volunteers and employees of SS. Philip and James Parish as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release SS. Philip and James Parish and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

DATE: _____ PARENT SIGNATURE: _____

Health Insurance Company: _____

Policy or group number: _____

If parent/guardian is not available in an EMERGENCY:

Emergency Contact: _____ Phone: _____

Relationship: _____

Please list any allergies (food and medication): _____
_____

Does your child have any special medical needs, including medication currently being used? ☐ Yes ☐ No If yes, please explain: _____
_____

Doctor's Name: _____ Phone: _____
Date of last Tetanus Shot: _____