

SET SAIL WITH THE HOLY TRINITY



Cost:
Free will donation

St. Matthew Parish
June 23rd – June 27th
8:00 am – 12:00 pm
Children k – 4th grade
Teenage siblings are welcome to help

COOL CRAFTS
FUN GAMES
UPBEAT MUSIC
EXCITING ACTIVITIES
BIBLE STORIES
FRIENDSHIP

Parent Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: Home _____ Cell _____

E-mail _____

Child's Name: _____ birth date _____ entering grade _____ allergy _____

Child's Name: _____ birth date _____ entering grade _____ allergy _____

Child's Name: _____ birth date _____ entering grade _____ allergy _____

Child's Name: _____ birth date _____ entering grade _____ allergy _____

Child's Name: _____ birth date _____ entering grade _____ allergy _____

Emergency Contact Information

In case we cannot reach you please provide us with contact information.

Name _____ # _____

Name _____ # _____

Health Insurance _____

Policy # _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance at St. Matthew Parish Summer Program.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the week or for future advertisement of St. Matthew Parish programs and events.

Parent / Guardian name _____

Signature _____

Date _____