

Child VBS Registration Form

Dates / Location: June 12th -16th / 9a.m. - Noon, Sts. Joachim and Ann, 4112 McClay Rd, St. Charles, MO 63304

First Child - \$35.00

Registration Ends May 19th

Each Additional Child - \$20.00

Payment due at time of registration (no exceptions)

6th & 7th grades - \$20.00

Please make checks payable to: Sts. Joachim and Ann Parish

Please check if you paid online via our parish online giving _____

Please fill out one form **per child** and turn in to the J & A parish rectory office.

Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Required medications (ex. Asthma Inhaler): _____

Is a Parent or Guardian volunteering for the week? Yes No

Family Information:

Parent/Guardian Name: _____

Email: _____

Phone Numbers:

Home: _____ Cell: _____

Person authorized to pick-up child (other than parent or guardian) and relationship to child:

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this 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 VBS 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 release and forever discharge this Diocese, and Parish 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 of the VBS.

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 VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date