

# St. Patrick - St. Anthony Parish



**June 26th-29th / 9:30 to 12:00 noon**

**Grades K thru 4 \$10.00 Per child**

In order to accommodate and safely meet the needs of the children the firm deadline for registration is noon on Friday, June 23rd

## Vacation Bible School Registration

Family Last Name: \_\_\_\_\_

**Children with special needs:** Yes \_\_\_ No \_\_\_\_ Child's Name \_\_\_\_\_. Please explain any physical, emotional, learning disabilities, **ALLERGIES** \_\_\_\_\_

Would you like to be contacted by our staff or one of our Special Needs Volunteers: Yes \_\_\_

Child's Name	Birth Date	Grade/School in September	Allergies

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

### Media Release

\_\_\_\_ I give permission to St. Patrick-St. Anthony Parish to publish photographs of my child during Faith Formation Classes to use for promotional material such as St. Patrick-St. Anthony flyers, bulletin articles and on our St. Patrick-St. Anthony Parish Website & Facebook Page.

\_\_\_\_ I do not wish to have my child photographed for advertising or promotional purposes.

**Medical Treatment Release:** As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_ **Yes I would like to volunteer**

**Program Cost is \$10.00 Per child** Yes \_\_\_ I would like a CD (one per Family) Cost \$5.00