



St. Patrick-St. Anthony Parish  
 Vacation Bible School  
 June 25-28, 2018  
 9:30 a.m. to Noon  
 For Children Entering Grades  
 K-4 in Fall 2018

For Teen Volunteers please register on back (5<sup>th</sup> grade to 12<sup>th</sup> grade)  
 \*\*\*Parents are invited to attend the closing session on June 28 at 11:40 a.m.  
 \*\$15.00 per child participant (\$10.00 for each additional child) \*Free Music CD for each family

**Registration**\*\*\*In order to accommodate and safely meet the needs of the children, the firm deadline for registration is noon on Friday June 22, 2018 for kid's entering grades K-4.

\*\*\*Teen Volunteer registration deadline is noon, June 15, 2018. **Teen Registration on back of this form!!**

**Please Check if interested in being an adult Volunteer  Please leave email address and we will contact you!**

Family Last Name(s) \_\_\_\_\_  
 Mom's First Name \_\_\_\_\_ Dad's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Email \_\_\_\_\_

Child's Name (First and Last)	Grade in Fall 2018	Allergies, important medical information or special needs

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

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

**Medical and Liability Release:** I certify that I am the (check one) \_\_\_ custodial parent \_\_\_ legal guardian or the minor child named above and I agree to the above terms for myself and for my minor child. In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child (ren) receive any medical attention or treatment deemed necessary by the Staff or Volunteer leaders of St.Patrick-St.Anthony Parish. Therefore, I give permission to any hospital, Doctor and/or health care provider to treat, transport, or admit my child. The above-named child (ren) has my permission to travel in a privately owned vehicle or ambulance.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For more information or to volunteer please contact Audrey at [audreystreng@gmail.com](mailto:audreystreng@gmail.com) or (616) 502-9092**

**Media Release**

I understand that photography and/or video of participants may be procured during this event to be used for memories and promotion of St.Patrick-St.Anthony Parish I \_\_\_\_ consent I \_\_\_\_ don't consent to the use of images or likenesses of the aforementioned person by St.Patrick's-St. Anthony Parish.

Teen's Name (First and Last)	T-Shirt Size	Grade in Fall 2018	Allergies, important medical information or special needs

Additional Teen Volunteer info:

Email Address \_\_\_\_\_ Phone: \_\_\_\_\_