



**St. Patrick-St. Anthony Parish**

# **Vacation Bible School**

**June 10-13, 2024**

**9:00 a.m. to Noon**

**For Children Entering Grades 1<sup>st</sup> - 6th in Fall 2024**

**\* Register Early!**

**Cost:**

**Free-will offerings in support of our sister parish and school  
Sts. Simon and Jude in Haiti**

**Registration Deadline: Monday, June 3, 2024**

Family Last Name(s) \_\_\_\_\_

Mom's First Name \_\_\_\_\_ Dad's First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone#1 \_\_\_\_\_

Email \_\_\_\_\_ Phone#2 \_\_\_\_\_

*(signature required on page 2)*

## REGISTRATION FOR CHILDREN ENTERING GRADES 1<sup>ST</sup>- 6<sup>TH</sup>

Child's Name (First and Last)	Grade in Fall 2024	Allergies and/or important medical information

Children with special needs? Yes\_\_\_ No\_\_\_\_\_

Child's Name \_\_\_\_\_

Please explain any special needs and requested accommodations \_\_\_\_\_

### **Medical and Liability Release**

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child(ren) named above. 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. The above-named child(ren) has my permission to travel for medical treatment in a privately owned vehicle or ambulance. In addition, I do hereby authorize treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed.

### **Media Release**

I understand that photography and/or video of participants may be procured during this event to be used for promotion of diocesan and St. Patrick-St. Anthony Parish programming.

I \_\_\_ consent / I \_\_\_ don't consent to the use of images or likenesses of the aforementioned person by St. Patrick-St. Anthony Parish.

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

For questions regarding this event, please contact Children's Ministry Coordinator, Andrea Williamson at 616-935-8746 or [andreawilliamson@stpatsgh.org](mailto:andreawilliamson@stpatsgh.org)

### **Completed registration forms with free-will offering may be:**

- dropped off at the parish office
- placed in the drop box in the narthex by the chapel
- mailed to St. Patrick - St. Anthony Parish, attn: Andrea Williamson, 920 Fulton Street, Grand Haven, MI 49417
- scan/email registration form to [andreawilliamson@stpatsgh.org](mailto:andreawilliamson@stpatsgh.org) with offering delivered during VBS