

VACATION BIBLE SCHOOL

June 20 - 24, 2011

"Upon This Rock I Will Build My Church"

WHO: Anyone entering Kindergarten - Grade 5 in 2011-12

WHAT: Vacation Bible School offers children the opportunity to meet with friends in a Christian environment and explore their Catholic faith. **Days will include games, crafts, bible lessons, music, and snacks,** all around this year's theme of "Upon This Rock I Will Build My Church." Using the tools of our faith, we will learn how to be "fishers of men" like our first fisherman, St. Peter, and build the church as the bride and body of Christ.

WHEN: 9 a.m. until 12:30 p.m. on June 20 - 24, 2011

WHERE: St. Francis de Sales Church, 66 Granville Street, Newark

HOW: Complete a registration form and return it to the Religious Education Office, 66 Granville Street, Newark, Ohio 43055.

SPACE IS LIMITED - REGISTER TODAY !

COST: **Early Bird Registration by May 30 = \$25 per child**

After May 30 until June 13 = \$35 per child

For safety reasons, all children must be pre-registered; therefore, registrations will not be accepted after June 13, 2011 and walk-ins during our session cannot be accommodated. Thank you for your understanding. For additional information, contact Religious Education Coordinator Lori Mazzone at 345-9874, ext. 222.

***Due to the need for advance planning & purchase of supplies, we cannot offer refunds to those who register for the program and then decide not to attend the week of VBS.**

ST. FRANCIS DE SALES
VACATION BIBLE SCHOOL
June 20 – 24, 2011

REGISTRATION FORM, EMERGENCY MEDICAL AUTHORIZATION,
WAIVER OF DAMAGES & RELEASE FOR PHOTOS/VIDEOS

(Please complete one form per child; make copies as needed.)

CHILD'S NAME: _____

BIRTHDATE (Month/Day/Year): _____ **SEX: M F**

GRADE CHILD WILL ENTER THIS FALL: _____ **SCHOOL:** _____

ADDRESS: _____ **HOME PARISH:** _____

CITY: _____ **ZIP:** _____

FAMILY E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAME (1st contact):

NAME: _____

HOME PHONE: _____

WORK PHONE: _____ **CELL PHONE:** _____

PARENT/GUARDIAN NAME (2nd contact):

NAME: _____

HOME PHONE: _____

WORK PHONE: _____ **CELL PHONE:** _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN:

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____

WORK PHONE: _____ **CELL PHONE:** _____

Please return this form & payment of fees to the Religious Education Office, 66 Granville Street, Newark, 43055. Checks should be made payable to St. Francis de Sales Church. *Due to the need for advance planning & purchase of supplies, we cannot offer refunds to those who register & then do not attend the week of VBS.

(Part I OR Part II must be completed)

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me or my child’s other parent/designated guardian as designated on this form are unsuccessful, I give my consent for the administration of any treatment deemed necessary. Following are facts concerning my child’s medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted:

Concerns: _____

Parent Signature _____ **Date** _____

I hereby grant permission for St. Francis de Sales Church, its agents and employees to reproduce photographs or video taken of my child during VBS in the church newsletter, bulletin, or website or other church-related materials. No names will be used to identify any child in any photograph. I understand the employees and agent of the church will decide which photographs to include, when they will be included, and when they will be removed. I realize that St. Francis Church cannot control the further distribution or use of the photographs once they are posted and I will not hold St. Francis liable for the alteration or further use of any photographs beyond their original intent. I understand that I may request, in writing, that any or all photographs of my child be removed from the website and St. Francis will promptly remove that photograph, but that St. Francis cannot control the alteration or further use of any photographs posted on the website before I request their removal. I also understand that any photographs of my child will not appear without my express written approval indicated by my signature on this document.

Parent Signature _____ **Date** _____

I hereby waive and release reasonable rights and claims for damages I may have against St. Francis de Sales for reasonable injuries or illness that may be suffered in connection with my child’s involvement with Vacation Bible School.

Parent Signature _____ **Date** _____

(This signature must appear in order for child to participate.)

PART II – REFUSAL TO CONSENT

DO NOT COMPLETE IF YOU WISH TREATMENT TO BE PROVIDED

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the St. Francis de Sales Vacation Bible School staff to take no action or to _____

Parent Signature _____ **Date** _____

REGISTRATION FORM MUST BE COMPLETED IN ENTIRETY.