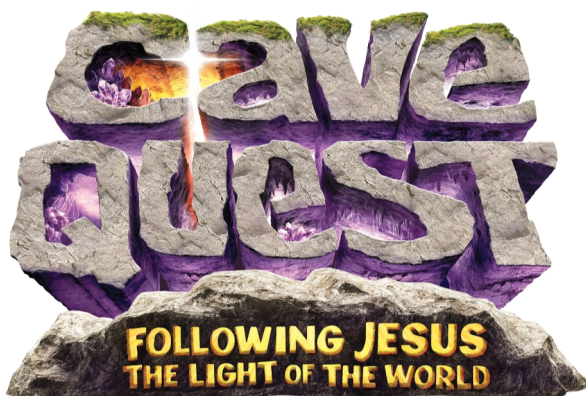


# VACATION BIBLE SCHOOL

Church of St. Peter  
and  
John Ireland School



Aug 1<sup>st</sup> - 4<sup>th</sup>  
Mon. - Thur.  
6:00 - 8:30 P.M.

## Participant Registration Form

Ages: Age 4 - Entering 5<sup>th</sup> Grade

\$15 per child

Registrations Due: July 18<sup>th</sup>

(T-shirt Guaranteed if Registered by June 1<sup>st</sup>)

\_\_\_\_\_ Our family would like a VBS Everest Music CD - Cost \$10

\_\_\_\_\_ Our family would like to sponsor a child at VBS with a \$ \_\_\_\_\_ donation

Parent/ Guardians Names: \_\_\_\_\_

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

Incase of an emergency, contact me at:

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

1) Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_\_ T Shirt Size—Youth XS S M L XL

Allergies/Special Needs: \_\_\_\_\_ \*Food allergies? - Parents check foods on 1<sup>st</sup> Night

2) Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_\_ T Shirt Size—Youth XS S M L XL

Allergies/Special Needs: \_\_\_\_\_ \*Food allergies? - Parents check foods on 1<sup>st</sup> Night

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3) Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_\_ T Shirt Size—Youth XS S M L XL

Allergies/Special Needs: \_\_\_\_\_ \*Food allergies? - Parents check foods on 1<sup>st</sup> Night

4) Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_\_ T Shirt Size—Youth XS S M L XL

Allergies/Special Needs: \_\_\_\_\_ \*Food allergies? - Parents check foods on 1<sup>st</sup> Night

### Waiver/ Release Form

I, \_\_\_\_\_, grant permission for the children listed on this form to participate in  
Parent of Guardian's Name

the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Diocese of New Ulm from any claims or law suits brought against the parish/school/Diocese of New Ulm by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**As a Parent or Guardian, I agree to all of the above stated considerations and conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During VBS, we take pictures of the kids. Some of these may be included in other parish communications including social media. Names are never used. This registration gives permission to publish photos unless you initial the space below:

\_\_\_\_\_ Please do NOT publish pictures of my child(ren).

### Volunteer Opportunities

We are looking for parents to help with various parts of VBS. If you are able to help, please indicate below any ways you would be interested in helping. We will contact you to confirm volunteering.

\_\_\_\_\_ Decorating (prior to VBS) \_\_\_\_\_ Registration Table (Monday 5:30-6:15 pm)

\_\_\_\_\_ Snack Help (Mon. - Thur. 6:00-8:30 pm) \_\_\_\_\_ Station Leader (Mon. - Thur. 5:30-8:30 pm)

\_\_\_\_\_ Group Leaders (Mon. - Thur. 5:30-8:30 pm) \_\_\_\_\_ Clean Up (Friday 8:30 am-12:00 pm)

### Payment Method

Payment Method (please circle) Cash Check Debit Credit (Visa or Mastercard)

Credit/Debit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Check if you would like to apply for a scholarship.