

PLEASE PRINT!

SAINT LUKE THE EVANGELIST PARISH
VACATION BIBLE SCHOOL REGISTRATION
(One form per child, please)

JUNE 25- 29, 2018

*Student First Name: _____

*Student Last Name: _____

Nickname: _____

Age: _____

Gender: Male ___ Female ___

Grade just finished: _____

Parish Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

Place my child in the same group as (child's name): _____

*Parent Name (first and last): _____

*Address: _____

*City: _____

*State: _____

*Zip: _____

*Email: _____

*Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Phone: _____

Alternate Pickup (first and last name): _____

Alternate Pickup Phone: _____

General Information: _____

Medical Release: I give my permission for the Saint Luke the Evangelist Parish Staff VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the Parish staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant Saint Luke the Evangelist Parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Saint Luke the Evangelist Parish Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting Parish.

Parent name (Print)

Parent Signature

Date

Make checks payable to *Saint Luke Parish*

1 child - \$50.00

2 children - \$75.00

3 of more - \$85.00