



St. Charles Borromeo Vacation Bible School Registration Form June 5-9, 2017 from 9:00 a.m. -12:00 p.m.



PARENT/GUARDIAN INFORMATION

Last Name			Father's First Name			Mother's First Name			
Home Address				City			Zip Code		
Home Phone			Father's Cell # or Work #			Mother's Cell # or Work #			
Email Address			Emergency Contact Name & Phone #			Doctor's Name & Phone #			

Custodial care is: Both Parents _____ Mother _____ Father _____ Other _____

Child's Name (First & Last)	Age as of June 1, 2017	School Attending for Fall 2017	Grade Entering into for Fall 2017	T-Shirt Size (see sizes below)

Children must be 4 years old (as of June 1, 2017) in order to participate.

All children **entering 6th grade** in the fall will be apprentice crew leaders and still need to pay the registration fee. Children **entering 7th grade or above** are eligible to volunteer and do not pay the registration fee, but must complete a Volunteer Form.

Price: \$40.00 per child (T-shirt included) Make checks payable to: St. Charles Borromeo
REGISTRATION DEADLINE – MAY 8 - FIRST COME, FIRST SERVED BASIS
 Space is limited to 150 children.

T-shirt sizes: Youth – 2/4, 6/8, 10/12, 14/16 or Adult Small

\$40.00 x _____ # of children attending \$ _____

\$7.00 per Sound Wave Music CD \$ _____

Total Amount Due \$ _____

Please Note: Payment must be included with registration to guarantee your child's spot. No child will be turned away due to financial reasons. If finances are a concern, please contact Jackie Schuler at 402-916-9750 to request a tuition-assistance form. This form must be turned in with the completed registration.

(Please complete the back of this form.)

FAMILY HEALTH INFORMATION:

Does your child have any special needs or allergies that we need to be aware of to better facilitate his/her education? No _____ Yes _____ If yes, please explain _____

Does your child take any medications? No _____ Yes _____ If yes, please list

CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY:

In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Charles Borromeo Parish to contact the physician named on side one of this form and, if necessary, transport my child to a clinic or hospital.

Parent's Signature:

_____ **Date:** _____

PERMISSION TO USE PICTURES: (sign one)

I hereby give St. Charles Borromeo Parish permission to publish pictures of my child/children (no names will be included) on the parish website or in parish publications.

Parent's Signature:

_____ **Date:** _____

I DO NOT give St. Charles Borromeo Parish permission to publish pictures of my child/children (no names will be included) on the parish website or in parish publications.

Parent's Signature:

_____ **Date:** _____

If you have any questions or require additional information please contact the RF office at 402-916-9750 or at jschuler@scbcomaha.org.

For Office Use Only:

Date Rec'd	Payment Amount	Check # / Cash	Rec'd By