

2019 VACATION BIBLE SCHOOL REGISTRATION

Blessed Sacrament Church

JUNE 24 - JUNE 28, 9:00 – 11:30 A.M.

Registration Deadline – June 10th



Ages: 4 (potty-trained) to 10

Cost per Family: 1 Child - \$12

2 Children - \$22 3 Children - \$30

4 Children - \$35 5 or more Children - \$40

Checks should be made payable to

Blessed Sacrament Church – with VBS in the memo line.

Please fill out both sides of this form and return it with payment to Blessed Sacrament Church – Formation Office, 2409 Dixie Highway, Ft. Mitchell, KY, 41017, by June 10th so that we can order sufficient materials. (We regret that we may not have sufficient supplies for late registrants).

Child's Name

Age - and t-shirt size

Allergies - important health info

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents: _____

Address: _____

Telephone: (home) _____ **(cell)** _____ **(other)** _____

Preferred Email: _____

Please Complete both Sides of this Form

Return by June 10th to Blessed Sacrament Parish - Formation Office
2409 Dixie Highway – Ft. Mitchell, KY 41017

Family Last Name (needed on this page for filing purposes): _____

Emergency Contact: (name) _____ (phone) _____

PART 1: TO GRANT CONSENT:

In the event that reasonable attempts to contact me or the emergency contact person named above have been unsuccessful, I hereby give my consent for:

- A. the administration of any treatment deemed necessary by
 - a. Dr. _____ (preferred physician) at _____ (phone) or,
 - b. Dr. _____ (preferred dentist) at _____ (phone) or,
 - c. in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- B. the transfer of my child to _____ (preferred hospital) or any hospital reasonably accessible.
 - a. Medical Insurance Co. _____
 - b. Policy No. _____

Signature of Parent or Guardian: _____ Date: _____

(DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)

PART 2: REFUSAL TO CONSENT:

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take no action:

Signature of Parent or Guardian: _____ Date: _____

PHOTO RELEASE FORM

PART 3: I give my permission and consent for my child/ren to participate in all photographs, videotapes, likenesses of image or interviews to be taken during VBS. I further give my permission and consent for any such photographs, videotapes, likenesses of image or interviews to be published and used to illustrate, promote or advertise our VBS.

Signature of Parent or Guardian _____ Date _____

(DO NOT COMPLETE PART 4 IF YOU COMPLETED PART 3)

PART 4: I do not give my permission and consent for photographs, videotapes, likenesses of images, or interviews of my child/ren taken during VBS to be published.

Signature of Parent or Guardian _____ Date _____

THANK YOU FOR COMPLETING BOTH SIDES OF THIS FORM

Return by June 10th to Blessed Sacrament Parish - Formation Office
2409 Dixie Highway – Ft. Mitchell, KY 41017