



Student Registration Form
Immaculate Conception Summer Vacation Bible School
August 2nd -6th, 2010 from 9 am to 12 noon
Age 4 to Grade 4

Please Circle Grade Entering for School Year Starting Fall 2010:

Pre-K (4 yr olds)
 Kindergarten
 (classes held at IC School)

1st grade 3rd grade
 2nd grade 4th grade
 (classes held in Dwyer Hall)

Name _____ DOB _____ Age _____

Home Phone _____ Cell Phone _____ **Circle one to call first:** Home Cell

Parents Name _____

Address _____

E-Mail _____

Emergency Contact Person
 Reachable while your child is here _____ Phone _____

Family Doctor _____ Phone _____

Allergies/Conditions/Medication _____

Any Food Allergies? Yes No Please list _____

Ins Company & Medical Number _____

Name(s) of people allowed to pick up your child _____

Photos will be taken during VBS this year. May we use your child's photos in church publications? Yes No

Medical & Liability Release – Valid August 2-6, 2010

In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Immaculate Conception.

Signature of Parent or Guardian _____ Date _____

Please return this registration and a check for \$15 made payable to Immaculate Conception.

This fee is waived if you are a Confirmation Student using VBS for service hours

For questions or to volunteer, please contact Fred Corey @ 427-7547

Office Use Only

or email at fpcorey@yahoo.com

Paid _____ Date _____