



Student Registration Form

Immaculate Conception Summer Vacation Bible School

August 1st – 5th, 2011 from 9 am to 12 noon

Age 4 to Grade 4

Please Circle Grade Entering for School Year Starting Fall 2011:

Pre K (4 yr olds) Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade

Name _____ DOB _____ Age _____

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

Parents Name _____

Address _____

E-Mail _____

Emergency Contact Person _____ Phone _____

Family Doctor _____ Phone _____

Allergies/Conditions/Medication _____

Any Food Allergies? Yes No Please list _____

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

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

Medical & Liability Release – Valid August 1-5, 2011

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 \$20 made payable to Immaculate Conception. Registrations must be received before July 12, 2011

Please consider volunteering!

Consider spending some of your valuable time this summer helping our younger parishioners EXPLORE & STRENGTHEN their relationship with God.

For questions or to volunteer, please contact: Fred Corey @ 637-7437.