**ST. JOSEPH CATHOLIC CHURCH**

**VBS REGISTRATION FORM**

**July 25th- July 29th 2022**

**Registration: Begins 6/17/22 Ends 7/15/22**

**One form per child**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of June 2022: \_\_\_\_\_\_\_

 Birthday (month/day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade entering in **August**/**September 2022** circle: (K) - (1) - (2) - (3) - (4) - (5)

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency contact name and number, other than above \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Special needs/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth volunteers – must follow same guidelines described on this document:

 check box for volunteer

**VBS registrations will be taken on a first-come, first-served basis. Space is limited. \*\*Cost is FREE\*\* we are able to offer event for free due to “Donations” given to us by parents, parishioners and Family. (Your Contributions Are Welcomed)**

 **Family Physician Insurance Company Policy # Phone #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

 Do you authorize transport to any hospital in case of emergency? Yes\_\_\_\_ No\_\_\_\_

 We will be taking photographs during the event for our bulletin, website, and future advertising.

Please check off box if you do not want your child photographed.

We will be taking photographs of each child on Tuesday 7/26 it is going to be part of their final craft project on Friday. We ask that your child not be absent on that day.

I understand all reasonable safety precautions will be taken at all times by: St. Joseph Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, St. Joseph Catholic Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

Children may be dropped off up to 15 minutes prior to the event starting, parent or guarding must check them in and out at the registration desk.

All children must be picked up no later than ½ hour after the end of the event. If children are not picked up by the required time frame we will be forced to call the proper authorities to ensure the child is safe and secure.

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The entire family is welcome to come and participate at our special Mass on Friday 7/29 at 5:00pm.