St. Vincent de Paul Church

120 North Front Street
Baltimore, MD 21202
410.962.5078
www.stvchurch.org

Registration Form Vacation Bible School
Pre-K Through Grade 8

Dates: July 20-24, 2014 **Hours:** 9:30 AM – 3 PM

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

PARENT(S) _____

PHONE # _____EMAIL _____

EMERGENCY CONTACT_____ PHONE_____

I would like to help in the following ways:

__ Teacher	__ Music teacher
__ Assistant teacher	__ Dance teacher
__ Arts and crafts teacher	__ Other--Please specify:_____
__ Lunchroom monitor	

I am available on the following days:

__ Monday_____ AM/PM	__ Thursday _____ AM/PM
__ Tuesday _____ AM/PM	__ Friday _____ AM/PM
__ Wednesday _____ AM/PM	

__ I need before care. Times:_____ Days:_____
__ I need after care. Times:_____ Days:_____
__ I give permission for _____ to pick up my child(ren).

Contact Anne Gibson at children@stvchurch.org with questions or for more information.

Please mail in or return completed forms to the back of the church:

X **Signature of Parent/Guardian** _____ **Date** _____

If your child(ren) has any medical conditions, food or other allergies, or special needs that we should be aware of, please list them on the back.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member.** Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

X **Signature of Parent/Guardian** _____ **Date** _____

Child's Name: _____

Allergies: _____
_____

Medical Conditions: _____
_____

Additional Information:
_____
_____
_____
_____
_____

Child's Name: _____

Allergies: _____
_____

Medical Conditions: _____
_____

Additional Information:
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Child's Name: _____

Allergies: _____
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Additional Information:
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