

OUR LADY OF THE ASSUMPTION
2017 VBS REGISTRATION

July 24-28 8:45 am to 12 noon each day

Children age 3 (must be potty trained) to age 12 (Going into 6th Grade)



Application deadline is Friday, June 30, 2017.

Please fill out a SEPARATE FORM for each child attending.

All payment information may go on one form.

Child's Full Name: _____

Age: _____ Grade in September 2017: _____

Name of Parent or Guardian: _____

Complete Mailing Address: _____

Street, City, State, Zip Code
Email: _____ Important! We will communicate important info with you!

Phone: Home: _____ Work: _____ Cell: _____

PAYMENTS

Cost per child: **\$30.00** (Maximum \$60.00 per family) Amount enclosed \$ _____

_____ Sound Wave Sing and Play Music CD - \$8.00 \$ _____

_____ Sound Wave Sing and Play Music DVD - \$16.00 \$ _____

_____ Child t-shirts - \$6.00 Size _____ \$ _____
(Sizes **XS** (2-4), **S** (6-8), **M** (10-12), **L** (14-16))

_____ Adult t-shirts - \$10.00 Size _____ \$ _____
(Sizes **S** (34-36), **M** (38-40), **L** (42-44), **XL** (46-48)) (**2XL** (50-52), **3XL** (54-56) – Please add \$2.00 for 2XL or 3XL)

TOTAL AMOUNT ENCLOSED \$ _____

T-shirt orders must be in by **June 30** to ensure delivery. There will be no opportunity to purchase t-shirts the week of camp.

Extra music CD's and DVD's are limited. Make checks payable to **Our Lady of the Assumption**.

If your child has a friend they would like to be grouped with, please let us know. It is not always possible to meet these requests, but we will do our best. Please note that both children's applications must have the same ONE request.

Special friend is _____.

I authorize and give consent for the taking of pictures (moving or still) of the children in this family, and further give permission for the reproduction of pictures for use in media, including but not limited to newspapers, magazine, radio and television. Photos may also be used in the church bulletin, on the church website, in brochures, mailings, and other printed materials.

X Signed, _____ Date _____
No signature here denotes that you do not give permission for use of photo materials.

OVER, please complete both sides!

In order to make VBS camp successful, **we need your help!**

Please indicate below where you are able to help:

- **Behind the Scenes Assistance:** (any amount of time is appreciated)

_____ Decorating and setting up – Times to be announced

_____ Name and best way to reach you

- **During Camp Assistance:**

_____ Registration 8:30 – 9:00 am M T W Th F

_____ Assistance with activities M T W Th F

_____ Nurse/Medical Personnel M T W Th F

_____ Feed our teens – Drop off on Monday, July 24 at 8:30 am any simple breakfast/snack foods such as bagels, cream cheese, granola bars, donuts, snacks and drinks.



Our Lady of the Assumption VBS Parent Release and Consent Form

I, _____, give permission for my child _____
(Parent/Guardian) (Child's Full Name)

to attend Vacation Bible School and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequence that may arise as the result of this treatment. I will not hold Our Lady of the Assumption parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.



Signed, _____ **Date** _____

Signature of Parent/Guardian

Print Parent/Guardian

Child Information

Allergies: _____

Medical Conditions: _____

Required Medications: _____

Insurance Carrier: _____

In case of emergency, please contact: _____

at _____ (#). Relationship to child: _____

Any special things we should know about your child?