

# OUR LADY OF THE ASSUMPTION 2018 VBS REGISTRATION

July 23-27 8:45 am to 12 noon each day

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



**Application deadline is Friday, June 29, 2018.**

Please fill out a SEPARATE FORM for each child attending.

All payment information may go on one form.

Child's Full Name: \_\_\_\_\_

Name for Nametag: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in September 2018: \_\_\_\_\_

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 \$ \_\_\_\_\_

# \_\_\_\_\_ Castaway Sing and Play Music CD - \$8.00 \$ \_\_\_\_\_

# \_\_\_\_\_ Castaway Sing and Play Digital Download Card - \$8.00 \$ \_\_\_\_\_

# \_\_\_\_\_ Castaway Sing and Play Music DVD - \$16.00 \$ \_\_\_\_\_

Child t-shirts - \$6.00 # \_\_\_\_\_ Size \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ Size \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ 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 29** 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 will help:



- \_\_\_\_\_ **I can be here the whole week during camp...put me to work!**  
I'll attend the interest/planning meeting on June 5, 5:30-7 pm.  
Your email so that we can keep you in our planning loop:  
\_\_\_\_\_

- **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 23 at 8:30am 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.

**X** Signed, \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian Printed Name

***Child Information***

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Current Tetanus Booster \_\_\_\_\_ Y \_\_\_\_\_ N

In case of emergency, please contact: \_\_\_\_\_

at \_\_\_\_\_ (#). Relationship to child: \_\_\_\_\_

Does your child have a 504 plan or an IEP? \_\_\_\_\_ Y \_\_\_\_\_ N

Any special things we should know about your child?