

OUR LADY OF THE ASSUMPTION 2022 VBS REGISTRATION

August 1-5, 2022 8:30 am to 12 noon each day
Children age 3 (must be potty trained) to age 11 (Going into 5th Grade)



Application deadline is Friday, July 1, 2022.

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 2022: _____

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: _____

T-shirt Size: **(Circle One)** Child XS Child S Child M Child L
Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

PAYMENTS

Cost per child: **\$60.00** (Maximum \$120.00 per family) Amount enclosed \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

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!**
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 8:15 – 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, August 1 at 8:30 am any simple breakfast/snack foods such as bagels, cream cheese, 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 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: _____

Any special things we should know about your child?