

VBS CAMPER Registration 2017

Ss. Cyril & Methodius Slovak Catholic Church

June 26 – June 30 10 am – 1 pm

9am Mass will be daily for children and their parents (no drop off for Mass)

If your child will be in grades K-7th in the fall of 2017 and are 5 years old by Sept.1, 2017 then they can be registered.

Any child that has been prescribed an epi-pen must have an adult volunteer on the church grounds.

Today's Date:

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Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall (K-7th available): _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child size : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

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T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Student's Name: _____

Sex: (circle one) M F Age: _____ CCD Grade in Fall(K-7th available): : _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Email: _____

Home Parish: _____

Health Insurance # (if applicable): _____

Phone Numbers: (circle primary #)

Home: _____ Work: _____ Cell: _____

Emergency Contact: (other than yourself)

Name: _____

Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteer of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS program.

In addition, unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photography or video, and used during the VBS week or for future advertisement of Parish VBS programs and in a scrapbook of the VBS week Any other use will require further consent.

Parent/ Guardian Signature: _____

Date: _____

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Early registration from April 1st to May 1, 2017. Last Day to Register is Monday, June 5th

Please make checks payable to cash or **Ss. Cyril & Methodius**. Mail forms to: Ss. Cyril and Methodius Church VBS,

C/O Lisa Yarbrough 41233 Ryan Road, Sterling Heights, Mi 48314

For Office Use Only:

1st Student: \$30 (\$40 after May 1)

Each Additional Student: \$20 (\$30 after May 1)

Number of Students Registered: _____

Scholarship requested: _____

Total Due: _____

Total Paid: _____

Balance: _____

Received by: _____ on: _____