**BLESSED SACRAMENT CATHOLIC CHURCH**

**2019 VACATION BIBLE SCHOOL**

 **MONDAY, 24 JUNE-FRIDAY, 28 JUNE**

**9:00 AM— NOON**

**KINDERGARTEN THROUGH GRADE 5**

**REGISTRATION FEE:**

**$ 10.00 / FAMILY**

***Please return this form to the office either by mail, dropping it off to the office, the collection basket or hand it to one of the ushers.***

Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_

Grade Just Completed\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male   Female

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_

Allergies or other Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, if you are able to assist us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the office, 423-8305, office@blessed-sacrament.com, with any questions.

**\*\*Medical Release:**  I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury and all expenses for such emergency services will be paid by me.

**\*\*Photo Release:**  I hereby grant the above named church permission to

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