

REGISTRATION
Holy Cross Vacation Bible School
2010

August 16-August 20
9 a.m. to noon
Grades K-5

Family Name: _____

Street Address: _____

Town: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Church attending and location: _____

<u>Child's Name</u>	<u>Birth Date</u>	<u>Grade Entering Fall 2010</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

Does your child have any other special needs? _____

Special medications taken: _____

Tuition is \$30 per child, with a maximum of \$50 per family.
Please make checks payable to Holy Cross VBS. Check may be dropped off at Holy Cross Church Parish Center or mailed to Holy Cross Church, 225 Purchase Street, South Easton, MA 02375.

If financial assistance is needed, please contact Terry at (508) 285-5329 or Kathy at (508) 238-1663.

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

My child has my permission to attend and participate in all VBS activities at Holy Cross. I agree not to hold Holy Cross or any of the volunteers at Holy Cross accountable for and damages or losses resulting from my child participating in the VBS activities. In the event of serious injury or medical treatment and transportation, as may be necessary, for my child, if I, or my emergency contact, cannot be reached.

Signature: _____ **Date:** _____

Medical treatment will be covered by:

Name of Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Insurance Mailing Address: _____

Employer of Policyholder: _____

Address of that Employer: _____

Family Doctor: _____

Phone Number: _____

List anyone who will be authorized to pick up your child:

*****PHOTOGRAPH/VIDEO RELEASE CONSENT*****

_____ I consent to have photographs and/or video taken of my son(s)/daughter(s) for use by Holy Cross Church. I understand that any photographs/video would be used solely to publicize the Vacation Bible School program or to illustrate activities.

_____ I do NOT give my permission to have my son(s)/daughter(s) photographed or videotaped by Holy Cross Vacation Bible School.

Printed name of authorized signer _____

X _____
Signature of Parent/Guardian (I agree to the above)

Holy Cross Church Vacation Bible School
Helpful Tips for the Week

1. Please remember to prepare your child with a hat, if necessary, and sunscreen, as they will be spending about ½ hour outdoors each day.
2. Please be sure to bring a snack, if your child has food allergies that you may be concerned about.
3. If you consent to photos being taken of your child, they will be shown during our Parent Presentation.
4. Please remember to come in each morning and each afternoon to check your child in and out.
5. The last day is a water fun day. Please have your children wear clothing that dries quickly.

The camp dates are Monday, August 16th through Friday, August 20th, from 9 a.m. to noon.

There will be a VBS presentation on Friday evening, August 20th, at 6 p.m. All parents, volunteers, and children are invited to attend.

Sincerely,

Terry Dotolo
Kathy Traficanti