

REGISTRATION
Holy Cross Vacation Bible School
2017

Monday, July 31 – Friday, August 4
9 a.m. to noon
Grades K-6

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 2016</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

Does your child have any other special needs? _____

Special medications taken: _____

Tuition is \$35 per child, with a maximum of \$60 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 Margaret at 508-864-0516

Or mmdmph1997@gmail.com

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CAMPERS NAME(s): _____

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)