

MIGHTY FORTRESS

In Jesus, the Victory Is Won!

PARENTS' LAST NAME(S) _____

PARENT'S E-mail _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME Phone (_____) _____

<u>CHILD'S FULL NAME</u>	<u>GRADE</u> <i>(Sept 2017)</i>	<u>AGE as of</u> <i>7/10/17</i>	<u>ANY SPECIAL NEEDS (Allergies, etc.)?</u>	
_____	_____	_____	NO ___	YES
<i>(Explain)</i> _____				
_____	_____	_____	NO ___	YES
<i>(Explain)</i> _____				
_____	_____	_____	NO ___	YES
<i>(Explain)</i> _____				
_____	_____	_____	NO ___	YES
<i>(Explain)</i> _____				
_____	_____	_____	NO ___	YES
<i>(Explain)</i> _____				

_____ If you want your Child placed in A SPECIFIC CLASS or with a specific friend or relative, PLEASE CHECK HERE and make a note of it above in the special needs section...we will make EVERY effort to comply with your wishes(PLEASE NO MORE THAN 2 REQUESTS)....we want your children to LOVE coming to VBS!!!!

Effective this year, VBS will charge a fee for participants. This fee includes all food and supplies. The cost will be \$25 for the first child, \$15 for the second child and \$10 each additional child. Please remit payment along with this registration form. Payment can be made by cash, check or credit card. Credit card payments must be processed directly by the Parish Office.

1st Child @ \$25 _____ 2nd Child @ \$15 _____ 3rd or more @ \$10ea _____ Total \$ _____

***CHILDCARE** is provided for Children (Infants through age 3) of **FULL TIME Volunteers ONLY!** If you require childcare, please contact us to arrange.

Mom's Name _____ Work Number (_____) _____ - _____ OR Cell Phone Number (_____) _____ - _____

Dad's Name _____ Work Number (_____) _____ - _____ OR Cell Phone Number (_____) _____ - _____

LOCAL EMERGENCY Name In case the parent(s) cannot be reached _____ and Phone Number (_____) _____ - _____

Doctor's Name _____ Doctor's Phone Number (_____) _____ - _____

I/we, the parent(s) or guardian(s) of the child(ren) listed on this form, do hereby release and save harmless St Jude Parish and any and all of its employees or volunteers from any and all liability for any and all harm arising to my/ our son/ daughter during the week of Vacation Bible School. I/we understand that the children will be supervised at all times. In case of accident or serious illness, I/we request that St Jude Parish contact me/us. If the

For your Child(ren)'s Security, every Adult Volunteer in our program (18 years old and over) is required to comply with the Diocesan "Safe Environment" requirements.

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parish is unable to reach me/us, I/we hereby authorize the parish to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the parish may make whatever arrangements it deems necessary.

Parent/Guardian Signature

Date

Additional pertinent information

Due to space constraints, enrollment will be limited to approximately 200 children. To guarantee placement, please register **before June 1, 2017**. Any received after then will be placed on availability in his/her *specific* class. This is necessary to ensure that we have enough teachers, classrooms and supplies for ALL participants.

Please fill out this form **IN ITS ENTIRETY** and return to the Parish Office or mail to: **St Jude Vacation Bible School,
707 Monroe Turnpike, Monroe, CT 06468**

If you have any questions, please DO NOT call the Parish Office. All questions should be directed to Donna @ 459-4852, Alicia @ 445-9194 or email at richard_lane@sbcglobal.net

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