



**Holy Family  
Vacation Bible School 2018  
Monday, June 25 to Friday, June 29  
Time: 9am to 12 noon**

**Student Registration Form**

The Holy Family Vacation Bible School (VBS) is a week-long program during which your child will learn more about his/her Catholic faith. The days consist of praise and worship, age-appropriate Bible lessons, arts and crafts, and games. VBS will run from **Monday, June 25<sup>th</sup> through Friday, June 29<sup>th</sup> and will begin promptly each day at 9:00am and end at 12 noon.** The cost is \$25 per child. The check can be made payable to : Holy Family Parish.

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Sex: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade (September 2018): \_\_\_\_\_

Circle T-shirt size: S (6-8) M (10-12) L (14-16) Adult S Adult M Adult L

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

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

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

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

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

For Office Use Only:

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Room Assignment: \_\_\_\_\_



**Holy Family  
Vacation Bible School 2018  
Emergency Contact and Medical  
Information Form**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home phone #:** \_\_\_\_\_ **Cell phone #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Emergency Contacts:** Please list below the names and contact information of two other individuals who should be notified in case you are unable to be contacted.

**Emergency Contact #1:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Your Child's Physician:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Health Issues:** Please list all health issues. Does your child have any physical, emotional, or learning disabilities including allergies or special needs?

\_\_\_\_\_  
\_\_\_\_\_

**Medications your child is currently taking:**

\_\_\_\_\_

**Statement of Consent:**

I, the undersigned, parent/legal guardian of \_\_\_\_\_, hereby give my permission for his/her participation at HOLY FAMILY VACATION BIBLE SCHOOL. I do not hold HOLY FAMILY PARISH employees, or volunteer chaperones liable for injury, loss or damage of persons or properties. I do hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor, under the general or specific instruction of \_\_\_\_\_ (youth's physician), or if unavailable, the attending physician at a hospital or clinic. I understand that in an emergency, whenever possible, an attempt will be made to communicate with me prior to use of this permission and understand that this consent is in advance of any specific diagnosis or treatment, and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. I understand that any and all medical expenses incurred are my responsibility.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_



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**Child Pick-up Form**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Names and phone numbers of individuals (other than yourself) who have permission to pick up your child from the 2018 Holy Family Vacation Bible School:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

Should you have any questions, please do not hesitate to call me at the Parish Center or send an email to: [frdaniel@holyfamilyparishny.org](mailto:frdaniel@holyfamilyparishny.org)

Thank you!

Reflect, Act, Pray;

Fr. Daniel Opoku - Mensah

(A good friend is seen through the heart not the eyes)