



The Holy Eucharist

Catholic Church of the Holy Comforter

Vacation Bible School Registration Form

July 31-August 4, 2023

Ages 5-13

Check-in begins at 8:00 AM

Monday through Friday **8:30 Am-11:30 AM**

Location: **Charlottesville Catholic School**

Please have your children arrive wearing play clothes and bring a labeled water bottle.
Snacks and materials will be provided.

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Mother: Home: _____ Work: _____ Cell: _____

Email: _____

Father: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Relationship _____

Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature _____ Date _____

Fee: \$25/child, \$50/family. SCHOLARSHIPS AVAILABLE. PAYMENT MUST ACCOMPANY REGISTRATION FORM. Please make checks payable to Holy Comforter Catholic Church

FORMS MUST BE RETURNED BY SUNDAY, JULY 25, 2023, Paid: _____

Thank you so much!

Child #1 Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2023: _____

Allergies or medical conditions: _____

Special needs: _____

Child #2 Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2023: _____

Allergies or medical conditions: _____

Special needs: _____

Child #3 Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2023: _____

Allergies or medical conditions: _____

Special needs: _____

Child #4 Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2023: _____

Allergies or medical conditions: _____

Special needs: _____

Child #5 Information: *(For additional children, please use a separate piece of paper)*

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2023: _____

Allergies or medical conditions: _____

Special needs: _____