



“Come, Holy Spirit!”

Vacation Bible School

Participant Registration Form

July 8-12, M-F, 9AM-12PM...Ages 5-13

Charlottesville Catholic School

(Children should dress in play clothes and bring a water bottle)

Child's Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2018: _____

Allergies or medical conditions: _____

Other special needs: _____

Child's Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2018: _____

Allergies or medical conditions: _____

Other special needs: _____

Child's Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2018: _____

Allergies or medical conditions: _____

Other special needs: _____

If needed, please add children to the back page.

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Mother: Hm: _____ Wk: _____ Cell: _____

Email: _____

Father: Hm _____ Wk: _____ 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, Maximum \$50/family. Scholarships available.
Please make checks payable to Holy Comforter Catholic Church

Return completed form by **June 28, 2024**

Paid: _____