



2018 Vacation Bible School Registration Form July 16th-20th, in the mornings

Registration due Friday, JUNE 15th

LOCATION: Sacred Heart of Jesus Catholic Church, Muldowney Hall

MONDAY-THURSDAY: 8:45am-noon; **FRIDAY:** 7:45am-noon (attend 8:30am Mass)

PARTICIPANT AGES: entering K thru 5th grade in fall 2018 (*first 100 children admitted*)

COST: \$20 per child; \$50 for family of three or more children

We are excited having your child(ren) participate in this year's program, ***A Radical Ride on the Wings of Prayer***. In this travel adventure we will learn about several Amazing Angels and Super Saints while soaring through awesome lessons about prayer and how to put it into action. Come on board and be ready to soar!

VBS Director: Mrs. Khris Arnold - reoffice@sacredheartwinchester.org

Please detach the below, include payment and either drop off at the RE office or mail it to:

Sacred Heart RE Office, c/o VBS Registration, 130 Keating Drive, Winchester, VA 22601

Child's Information:

Name: _____

Sex: (circle one) M F Age (on July 15th): _____ Grade entering in fall 2018: _____

Allergies or medical conditions: _____

Name: _____

Sex: (circle one) M F Age (on July 15th): _____ Grade entering in fall 2018: _____

Allergies or medical conditions: _____

Name: _____

Sex: (circle one) M F Age (on July 15th): _____ Grade entering in fall 2018: _____

Allergies or medical conditions: _____

Family Information:

Parents'/Guardians' Name(s): _____

Address: _____

Phone: Hm: _____ Wk: _____ Cell: _____

Email: _____

Physician's Name: _____ Phone number: _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact:

Name and relationship to child(ren): _____

Phone: _____ Email: _____

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