

# Saginaw Area Totally Catholic Vacation Bible School



Being held at Nouvel Catholic Central Elementary School

June 25- June 29, 2018 9:00am – Noon

Pre-School through Grade 6

**PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM**

Parent/Guardian Names \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City, State Zip

Email \_\_\_\_\_ Home Parish: \_\_\_\_\_

Emergency contacts in the event that the parent/guardian CANNOT be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

I authorize the following people to pick up my child from VBS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Children Attending:**

<u>Name</u>	<u>Age</u>	<u>Grade Fall 2018</u>	<u>Allergies/Medical Conditions</u>	<u>T-Shirt Size*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*T-shirt sizes: YXS(2-4), YS (6-8) YM (10-12) YL(14-16); Adult S, M, L, XL

**Fee:** \$20 per child, \$50 maximum per family. **Please make checks payable to St. John Vianney Parish.** Send your completed registration form and fee to your home parish or drop it in the collection basket in an envelope marked VBS. Call your parish office for additional information or financial assistance. Fee includes, T-shirt, Snacks, Crafts and lots of FUN!

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This Vacation Bible School is brought to you by the following parishes: Cathedral of St. Mary of the Assumption, Christ the Good Shepherd, Holy Family, Holy Spirit, St. John Paul II, St. John Vianney, St. Dominic, St. Thomas Aquinas and Nouvel Catholic Central Elementary School**

**DIOCESE OF SAGINAW**  
**MEDICAL TREATMENT AUTHORIZATION**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minors: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended: Vacation Bible School 2018 at NCCE

Address of Minors: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List any allergies, medications, contacts or other pertinent comments:

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

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

**Date:** \_\_\_\_\_ **Signed** \_\_\_\_\_

(Parent or Guardian)

\_\_\_\_\_

**MEDIA RELEASE FORM**

Saginaw Area VBS at NCCE will not photograph, videotape and/or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voice taped by parish personnel and/or area news reporters.

**Please Check One**

\_\_\_\_\_ I **give permission** for the personnel of Saginaw Area VBS to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same)

\_\_\_\_\_ I **Do NOT give permission** for the personnel of Saginaw Area VBS to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same)

*This consent must be re-examined and signed each year.*

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

Student Names: \_\_\_\_\_

Date: \_\_\_\_\_