

# “THE GREATEST STORY EVER TOLD!”

## St. Rose Vacation Bible School

July 13 - 17, 2020 9:00 AM – Noon

### Registration Form

\$20.00 / Family Registration Fee

For age 3 (out of diapers) thru 5<sup>th</sup> grade (2020-2021)

Parent(s) Full Name: \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)

1<sup>st</sup> Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

2<sup>nd</sup> Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

3<sup>rd</sup> Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

4<sup>th</sup> Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

**We plan to enjoy a week of fun together at VBS; but if the guidelines for the coronavirus change, we will cancel VBS and have the kids do things at home. Say your prayers and wash your hands!**

Allergies, medical conditions, other issues the child is dealing with that we should know about:

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

Address:

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_\_) \_\_\_\_\_ (cell)

(\_\_\_\_\_) \_\_\_\_\_ (work)

In case of emergency, we will try to contact you using the numbers listed above. However, please provide another contact person's name and phone number:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Permission is granted for the above-named student(s) to participate in this program. The program sponsors, other employees, and adult agents of St. Rose of Lima Catholic Church, Franklin, IN, are herewith given the following authority for the duration of the student's participation in the program.

In the event of an emergency that requires immediate medical attention and/or treatment, consent is given for the adult agents of the above listed sponsoring organization to act in place and with the same authority as lawful parent or guardian.

Further, in consideration of the services performed by the program sponsors, other employees, and agents of St. Rose of Lima Catholic Church, Franklin, IN, are herewith released from liability for all actions taken in good faith during the event.

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return form and fee no later than July 6 th.**

**Make checks payable to St. Rose Church. Point of Contact: Julie Haney, 317 736-6754**