

VBS Registration Form

Due - May 23, 2018

Confidential Form



Office Use Only:

Date: _____

Check #: _____

Total: _____



Tri-Parish Vacation Bible School At Sacred Heart Parish Grounds



Theme: *"Shipwrecked-Rescued By Jesus"*

June 11th – 15th, 2018

9:00 am-11:30 am daily

Reg. Fee : **\$20.00 per child**

Mail or drop off at: Tri-Parish Office, P.O. Box 155, Freeport, MN 56331 - **by May 23, 2018**

Child's name: _____

Parent/Guardian name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Child's age: _____ (Must be 4 years old by May 1, 2018) Gender: M F

Date of Birth: _____ 2017/2018 school year grade: _____

Siblings at V.B.S. _____

Home Parish: _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list all allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Signature of parent/guardian: _____

Shipwrecked Music CD — Cost is \$8.00.

This year you will have the opportunity to pre-order a CD with all of the featured Shipwrecked songs.



Enclosed is \$20 for my child \$ _____

Pre-order Music CD \$8/each \$ _____

Total Enclosed \$ _____

Photograph and Video Consent

From time to time, pictures and videos may be taken during our Tri-Parish Vacation Bible School. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry websites. Written consent from parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator and they will promptly be removed.

I, the parent/guardian of this/these youth/s (name/s) _____, authorize and give full consent, without limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and Saint Rose of Lima, to publish any photograph or video in which the above named student/s appears while participating in any program associated with the Tri-Parish Vacation Bible School. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I, the parent/guardian of this/these youth/s (name/s) _____, do not wish for child's photo be published.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Movie/Video Clip Consent

From time to time, movies or video clips will be shown during the Tri-Parish Vacation Bible School sessions to enhance the days lesson. These movies/video clips will always have a Christian theme or idea and are rated G. Students may remove themselves from the viewing area if they so choose.

I, the parent/guardian of this/these youth/s (name/s) _____, authorize and give full consent, without limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and Saint Rose of Lima, to show movies/video clips to my above named student/s while participating in any program associated with the Tri-Parish Vacation Bible School.

I, the parent/guardian of this/these youth/s (name/s) _____, do not authorize movie/video clips to be shown.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____