



ST. LUKE'S VBS 2018

JUNE 11^H – 15TH 9 AM – 2 PM (9 AM -12 NOON ON FRIDAY)

Pre-K 3, 4, & 5 yr. olds through 7th grade (last grade completed)

*** Pre-K must be 3 years old by June 1, 2018, AND be completely potty-trained.**

	Child #1				Child #2				Child #3			
Child's Full Name												
Last Grade Completed <i>(Please circle)</i>	PK3 1	PK4 2	K 3	K 4	PK3 1	PK4 2	K 3	K 4	PK3 1	PK4 2	K 3	K 4
	MS Track: 5 6 7				MS Track: 5 6 7				MS Track: 5 6 7			
Date of Birth / Age												
Sex (M/F)												
Allergies / Medical Conditions												
Any Learning Accomodations?												
T-Shirt Size <i>(circle one for each child)</i>	YS	YM	YL	YXL	YS	YM	YL	YXL	YS	YM	YL	YXL
	AS	AM	AL	AXL	AS	AM	AL	AXL	AS	AM	AL	AXL

Name of Parent(s): _____

Street address: _____

City: _____ **Email:** _____

Home Phone: _____ **Cell Phone:** _____

(please complete the form on the back)

Name of adult authorized for picking up child(ren) from VBS (if other than parent) _____

Cell phone of that adult: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child(ren): _____

Liability Release: 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 injury, 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 child(ren) in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this archdiocese and parish from all manners of actions or claims which I or the child(ren) named above may have for any reason arising from my child(ren)'s attendance at VBS.

I also consent to allowing my child(ren)'s image to be recorded, either by photograph or video, and used during VBS week or for future print or digital advertisement of parish events and VBS programs.

Parent / Guardian Signature

Date

Registration Fees

- Early rate: \$30 per child with a \$60 family max. Through 5/7/18
- Regular rate: \$40 per child with a \$80 family max. Through 5/31/18
- Late rate: \$50 per child with a \$100 family max. Through 6/11/18

****Please note that these rates only apply if BOTH completed registration form AND payment have been remitted PRIOR TO OR ON the deadline.**

For office use only:

of children _____

Rate applied:

* \$10 volunteer discount? _____
*(must be a parent or grandparent,
available all week, and be an
ArchATL approved volunteer)*

____ Early

____ Regular

____ Late

Total amount received: _____

____ Cash ____ Ck # _____

Date rec'd _____