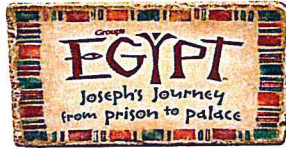


Saginaw Area Totally Catholic Vacation Bible School



Being held at Holy Spirit Parish, 1035 N. River Rd, Saginaw, MI 48609

June 27- July 1, 2016

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 2016</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. John XXIII, 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 2016 at Holy Spirit Parish

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 Holy Spirit Parish 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. Photographs, videotapes and/or voice tapes, when consented to, will only be used for the purposes you specify below.

I, _____, hereby **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) for purposes of **(circle the items that you will allow)**:

1. Public Information for Promotion of Parish Programs

2. In-Parish Purposes Only

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

Parent/Guardian Signature: _____

Student Names: _____

Date: _____