

St. John Bosco Parish



Vacation Bible School Registration

Date: July 31-August 4, 2017

Time: 9:00 am-12:00 pm

Cost: per child \$10

Age: Entering K-completed 4th Grade,
as of June, 2017

Contact the Faith Formation Office, 570-788-1997, ext. 6 or cabednar@outlook.com with any questions.

Please return completed form and payment to the Faith Formation Office by June 30. Checks can be payable to St. John Bosco Church.

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed 6/17: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home Address: _____

Home Church: _____

Crew number or name (for church use only) _____

Allergies or other medical/behavioral conditions _____



In case of emergency, contact: _____

Phone: (_____) _____

The following person/people are authorized to pick up my child:

<u>Name</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

The undersigned so hereby release, forever discharge and agree to hold harmless, St John Bosco Parish, Pastor, DRE, Volunteer Staff from all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is over 18 years of age).

Parent(s) or Legal Guardian Signature: _____

Signature _____ Date _____

PERMISSION TO USE PHOTOS

Please indicate your permission for your child's (children) image. In order to protect our children and youth, we use photos and video taped images without names in our print, broadcast, and digital publicity – for example, on our website, on bulletin boards within the Church building, in our broadcast services, and in other communications media. Please Check All That Apply:

I give permission for the above young person's image to be used without names as described above.

I do NOT give permission.

Parent/Caregiver Signature: _____