

Vacation Bible School 2018

St. John the Baptist Church

“Jesus is My Superhero” VBS

Who: Students currently in Preschool and Kindergarten

Date: Tuesday, June 26 – Thursday, June 28

Time: 9am – noon

Place: SJB Preschool Rooms

Cost: \$30 (includes a t-shirt)

Child’s Name: _____ Gender: ___ Male ___ Female

Date of Birth: ___/___/___ Grade in School (Fall 2018): _____

Child T-Shirt Size (Circle): SM MED LG XL XXL

Allergies to Food or Medication: _____

Medications Your Child Is Taking: _____

Child’s Name: _____ Gender: ___ Male ___ Female

Date of Birth: ___/___/___ Grade in School (Fall 2018): _____

Child T-Shirt Size (Circle): SM MED LG XL XXL

Allergies to Food or Medication: _____

Medications Your Child Is Taking: _____

Parent/Guardian’s Name: _____ C: _____

Parent/Guardian’s Name: _____ C: _____

Home Address: _____

City: _____ State/Zip: _____ Home Phone: _____

Email(s): _____

Volunteer Opportunity:

If you are willing to volunteer full-time, we will waive the tuition fee for the program. Please indicate if you are interested:

Health and Emergency Information:

Are there any special custody arrangements we need to be aware of:

Is there anyone that your child cannot be released to: _____

If your child has special needs that will affect their learning in the classroom, please explain: _____

Medical Information:

Doctor: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Insurance Company: _____ **ID #:** _____

Emergency Medical Treatment: To participate in the above described event, I warrant that my child is in good health. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsors. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____	_____	_____
Emergency Contact Name	Relationship	Best Number to Contact

By virtue of being part of St. John the Baptist Family and Youth programming, you, your child, and/or your family may be photographed and/or filmed. The parish uses these photos and videos in our in-house publications, (catechetical material, newsletters, website, Facebook page, etc.). All names of minors will be protected. If you have any questions or concerns about this, please contact the Office of Discipleship and Mission.

Signature of Parent or Legal Guardian: _____