



St. Augustine/St. Joseph Vacation Bible School
Registration for PK age 4 - Incoming Grade 3
JULY 15-18, 2019 6:00 – 8pm @ St. Augustine

Child's Name: _____

Nickname: _____ Age: _____ Please Circle: Boy or Girl

Incoming Grade this year (2019-2020) _____

Home Parish: _____

Allergies: _____

Medical or Special Needs: _____

Parent Name: (print) _____

Address: _____

Email: _____

1st Contact Phone Number: _____

2nd Contact Phone Number: _____

Alternate Pickup Name: _____

Alternate Pickup Phone: _____

(See back side)

***Drop off will be in front of the Religious Ed Building, begins at 5:45 PM.
Pick up at 8:00 PM***

FEES:

\$15 per child

Max \$30 per family

Make checks payable to St. Augustine Church, put in memo, Vacation Bible School

Any questions, please contact:

Becky Niekamp at 614-783-3667

Kelly Mueller at 937-622-1584

General Information:

***Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

***Photo Release:** I hereby grant St. Augustine Catholic Church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

***Permission to Attend:** I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by St. Augustine Catholic Church.

Parent Signature

Date

Please return the registration forms to:

St. Augustine Religious Education Center by **Monday, June 10, 2019.**

419-628-3434

THANK YOU!!!!