

VACATION BIBLE SCHOOL



DATES: JULY 8 - 12, 2019

TIMES: 9 AM-12 PM (DOORS OPEN AT 8:30 AM)

LOCATION: St. George, Tinley Park

Family Name: _____

Phone: _____

E-mail: _____

Child's Name & Grade: _____

Child's Name & Grade: _____

Child's Name & Grade: _____

Child's Name & Grade: _____

Phone: _____

City: _____ State: _____ Zip: _____

**Fee (Pre-K- 6th Grade)
T-shirt is included**

Early Bird Deal (Before June 17, 2019)

\$30 per child

\$75 family rate of 3 or more children

Regular Prices (After June 17, 2019)

\$35 per child

\$85 family rate 3 or more children

Please include 7th – 12th grade children in your family that are participating as leader(s).

T-Shirt Sizes

(Please include t-shirt sizes for any 7th – 12th grade children in your family that are participating as leaders)

Kids size T-shirt: S__ M__ L__ XL__ (included in the price)

T-shirt size: S__ M__ L__ XL__ XXL__ (included in the price)

I am registering ____ # of children. I have enclosed a check in the amount of TOTAL \$ _____

**Questions? Contact Holly at
hhesselschwardt@stgeorge60477 or call (708) 532-2243 Ext 512**

EMERGENCY INFORMATION (*This section must be completed for ALL families.*)

Name of Physician: _____ Phone: _____

Physician Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers: (H) _____ (C) _____

Emergency Contact should be someone other than the parent or guardian.

HEALTH INFORMATION

Please list your child's name and indicate if any of the following pertain: Current medications, medication allergies, food allergies, or chronic health concerns as well as any other information that you believe we should be aware of, such as learning disabilities or difficulties. If none, please write NONE.

MEDICAL RELEASE

In the event that the undersigned or my (our) authorized physician cannot be reached and in the judgment of the Youth Minister (or other person responsible for the program or other appropriate staff member), there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I (we) agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates/Period for which this release is intended: June 24, 2019– July 12, 2019

Signature of Parent or Guardian _____ Date _____

PHOTO RELEASE

I give permission to the staff/volunteers of St. George VBS to use photos of my child(ren) and family taken while participating in activities of the program. The name of my child(ren) or family will not appear on any photo. Photos will only be shown in or around the St. George / St. Julie Parish buildings, in the bulletin, or on the website.

Signature of Parent or Guardian _____ Date _____

SNACK/FOOD/TREAT RELEASE (Please add any food allergies to the "Health Info" section above)

I give permission to the staff/volunteers of St. George VBS to provide snacks/treats to my child(ren) during the course of the Vacation Bible School Program. I understand that this is a regular occurrence, and it is one "tool" used to help build community.

Signature of Parent or Guardian _____ Date _____