



Vacation Bible School 2017 Registration Form

Date: June 26 - 30 Time: 9 a.m. - 1 p.m.

Parent's/Legal Guardian's Name _____ Address _____

Zip Code _____ Phone # _____ E-mail _____

In the event your child should become ill or injured, who should we call? _____ Relationship _____

Phone # _____ Child's Doctor's Name _____ Phone # _____

Are you registered in the Parish? _____ If no, where do you attend Church? _____

PLEASE NOTE: VBS materials are set up where the 1st - 5th grade children will remain in the same grade they've been in all year.

Child's Name	1st - 6th Grade (grade this coming fall)	List any ALLERGIES (especially to food) and/or Special Needs
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Name	K-5 (going into this fall) OR K-6 (completed Kindergarten)	List any ALLERGIES (especially to food) and/or Special Needs
_____	_____	_____
_____	_____	_____

Child's Name	Preschool 3 or 4 (going into this fall)	List any ALLERGIES (especially to food) and/or Special Needs
_____	_____	_____
_____	_____	_____

RELEASE OF LIABILITY/RESPONSIBILITY FORM

I, _____, give my permission for my child/children, _____ to participate in Mary Queen of the Holy Rosary Vacation Bible School from **June 26 - 30, 2017**. I also give my permission to the adult volunteers; under the direction of Karen Estes - VBS Director, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of accidental injury. I will not hold the VBS volunteers, Karen Estes, Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (**please print**) _____

Parent's or Legal Guardian's Signature _____ Date _____

PHOTO RELEASE FORM

I understand that from time to time the Parish may wish to publish examples of student's projects, photographs of students, and other work and activities on an Internet accessible web page and other programs such as Parish bulletins, Church/Parish/School newsletters. Photos with six (6) or more children will be exempt from withholding permission. If students are identified, this will be by first names only.

_____ My child's work can be published on the Internet and other programs such as Parish bulletins, Church/Parish/School newsletters, and photographs of my child can be published. I understand that **if** my child is identified, this will be by first name only.

_____ I would prefer that my child's work and picture not be published on the Internet and other programs such as Parish bulletins, Church/Parish/School Newsletters.

Parent's or Legal Guardian's Name (**please print**) _____

Parent's or Legal Guardian's Signature _____ Date _____

Students' Name' _____ Grades(s)_____

The following persons are authorized to pick up my child (ren) from Vacation Bible School unless otherwise notified.

Name	Address	Phone #	Name	Address	Phone #
1. _____			3. _____		
2. _____			4. _____		

If another adult is to pick up my child (ren) I will provide the name and information about the person. I understand that my child may not be released unless the Vacation Bible School's Director, Karen Estes, has written notification indicating the person(s) who will be picking my child up.

My child (ren) may **NOT** be released to the following person(s) unless directed by Order of the Court or at my directive.

Name	Address	Phone #	Name	Address	Phone #
1. _____			2. _____		

Parent Signature: _____ Date: _____

COST:

Please make your check out to Mary Queen of the Holy Rosary Church VBS.
For anyone who is unable to pay the fee, please contact Karen Estes at 278-7432 Ext. 302 or kestes@cdlex.org
(No child will be turned away because of inability to pay fee. Please know this will be held in the strictest of confidence.)

\$35.00/1 child _____ \$45.00/2 children _____ \$55.00/3 children _____ \$65.00/4 or more children _____

(Volunteers pay half price for their children)

\$17.50/1child _____ \$22.50/2 children _____ \$27.50/3 children _____ \$32.50/ 4 or more children _____

Amount Paid _____ Cash _____ Check #/MO _____ Received by _____

******For your security and that of your family, and to ensure we receive your child's form, please do not put the registration form and/or fee in the Sunday collection basket or leave them in the Church gathering area. Please return your form to Mary Queen Church Business Office, 601 Hill 'n Dale Road, Lexington, 40503 to the Attn of Karen Estes******

TO GUARANTEE ENOUGH SUPPLIES FOR YOUR CHILD, THE REGISTRATION FORM MUST BE TURNED IN NO LATER THAN JUNE 15. THANK YOU.