

St. Mark's Vacation Bible School Presents

A Visit to Narnia

June 20-24, 2011

Each Morning 9:30-12:30



Ages 3 yrs. - 4th grade

Child's Name _____ Age _____ Grade Completed _____

A friend in your grade _____ Please circle child's t-shirt size—sm med lg x-lg

Mother's Name _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Father's Name _____ Cell Phone _____

Address (if different than above) _____ City _____ Zip Code _____

Home Phone _____ Parents best email _____

Child's special needs/ Allergies _____

Emergency Contact _____ Phone _____

Relationship to Child (rtn) _____

Who will pick up Child (rtn) from VBS _____

Fees: \$40.00 per child or \$80.00 per family * Fees include music CD and a T-Shirt

Need based scholarships available for parish families, contact parish office

Registration forms and fees must be paid and brought to the parish office by May 27.

PERMISSION AND LIABILITY RELEASE

Family physician's name: _____ Phone: _____

In the event that my child needs to be transported to a hospital and I cannot be reached, I authorize St. Mark's Catholic Community employees to take the necessary steps so that medical treatment can be rendered quickly. In consideration for making these decisions in my absence, I hereby release and hold harmless St. Mark's Catholic Community, the Faith Formation Program, its employees, appointees, and/or volunteers from any liabilities for the events that could occur as a result of this emergency situation. I also consent to my child's receiving any medical treatment deemed necessary by the examining physician.

I understand St. Mark's parish, staff, and stewards are not responsible for my child/children should he/she decide to leave the immediate area where a program/activity is taking place or choose to stay after a program/activity has taken place.

Using the numbers 1-4 to designate each child (as listed on p. 2), please indicate which ones are given these special permissions:

1 2 3 4 To participate in off-site community service projects

When my child/children in grades 6-12 requests, I approve of giving him/her the following over-the-counter medications (mark the medications with an X, or use the numbers as above if needed to indicate specific children only.)

_____ Aspirin _____ Ibuprofen _____ Acetaminophen _____ Immodium _____ Pepto Bismal

Signature of Parent or Legal Guardian

Date