

Vacation Bible School

Participant Registration Form

Please enroll my\our child(ren) in Vacation Bible School
 June 19 through 23, 2017 from 9:00am – 12 noon
 Eligible: **4 years to incoming 6th Grade**

Child's Name	School	Grade in Fall	Birth Date	T-Shirt Size
_____	M/F _____	_____	_____	S M L XL
_____	M/F _____	_____	_____	S M L XL
_____	M/F _____	_____	_____	S M L XL
_____	M/F _____	_____	_____	S M L XL

Full name of parent/guardian _____

Home Address _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone** () _____

Family Email: _____

MEDICAL CONSENT:

I/We hereby authorize St. Mary Magdalene Catholic Church, their agents and employees to act on our behalf to consent to medical, dental, surgical, or other emergency care for minor(s) listed on this form deemed advisable to be rendered under the supervision of a licensed health care provider. By enrolling our child(ren) in VBS, we hereby release and relieve St. Mary Magdalene, their agents and employees from all liability from accident or injury arising from any and all activities.

★ **Signature of parent/guardian** _____ **Date** _____

MEDICAL CONCERNS OR ALLERGIES _____

In emergency, contact _____ **Phone** () _____

Others who can pick up my child(ren) _____

PHOTO RELEASE:

I authorize St. Mary Magdalene Church, of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph my child/children during program activities. These photos may be used for purposes of marketing and/or promoting the interests of religious education at St. Mary Magdalene, as well as furthering the mission of the parish, including its use in any printed materials, the parish directory, the parish bulletin, the parish web site, and any other visual display or media. I understand that such photos, if used for parish related purposes, will not be used for any commercial purpose whatsoever. I therefore waive any kind and all rights I or my child/children may have for remuneration of any kind that could otherwise accrue for the use of such photos.

★ **Signature of parent/guardian** _____ **Date** _____

Full-time teacher _____ / *helper* _____ (FULL PRICE registration fee waived for your child(ren))

Part-time teacher _____ / *helper* _____ & *days available* _____ (reduced rate)

“Early-Bird” registration until May 26, 2017: \$60 for first child; \$55 for the 1st sibling; and \$50 for any additional siblings.

**After May 26th, Registration fee is \$65 per child. Final Registration deadline is June 2nd .
 Financial assistance is available. Please contact Kristine Bacich (619) 276-1248 for more info.**

Pre-registration is required. Please mail this form with your registration fee to:
 St. Mary Magdalene Catholic Church, 1945 Illion Street, San Diego, CA 92110, Attn: Kristine Bacich