



Vacation Bible School

At St. Aloysius Catholic Church, June 19 – 23, 9am – Noon

\$10/child + one designated snack item (We'll let you know what snack items we need closer to the date.)

Fees can be paid by cash, check made out to St. Aloysius
or online stalbg.org, church website, Give Online WeShare

(One form per child, please)

*Student First Name: _____ *Student Last Name: _____

Nick Name: _____ Age: _____ Gender: Male Female Grade entering: _____

Home Parish (if applicable): _____

Allergies (especially food): _____

Medical Issues or Special Needs: _____

It would be nice if my child is placed in same group as (child's name): _____

*Parent Name: _____

*Address: _____

*City: _____ *State: _____ Zip: _____

*Email: _____

*Home Phone Number: _____ Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

Alternate Pickup Name: _____ Alternate Pickup Phone: _____

Anything else we should know to serve your child well: _____

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 the above named parish 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 the VBS hosting church.

Parent Signature

Date