

**St. Albert the Great Church**  
**Vacation Bible School Registration Form**  
**July 9-13**



Our parish VBS experience is open to children who are entering Kindergarten through 6<sup>th</sup> Grade in September 2018. One application form per child must be completed and returned to the attention of Dennis M. Mueller at the rectory (212 Welsh Rd, Huntingdon Valley, PA 19006) along with a fee of \$40.00 per child **NO LATER** than **June 22, 2018**. After June 22 call 215-947-3641 for availability.

**CHILD'S INFORMATION:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. 2018: \_\_\_\_\_  
Parents/Guardians Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Zip Code  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**MEDICAL/LEARNING/BEHAVIORAL INFORMATION OR CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Parents/Guardians will be contacted first in the event of a problem or emergency. The information below is for an individual designated by the parent/guardian as an alternate contact person in the event that a parent/guardian cannot be reached during program hours.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**DISMISSAL INFORMATION:**

The following people, other than myself, may be picking up my child.

Please check here **ONLY** if your child has your permission to walk to and/or from VBS **unaccompanied** by an adult. Checking this box constitutes your permission for the VBS staff to release your child at the end of the program day so that he/she may walk home.

**PARENTAL PERMISSIONS:**

**PHOTO RELEASE:** I grant permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as part of his or her enrollment in VBS. No names will be used to identify children in photo related material.  YES  NO

**CONSENT FOR MEDICAL CARE:** I give permission that, in my absence, my child, whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the VBS Program and activities at St. Albert the Great Parish.

Signed \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Parent/Legal Guardian Signature)

**Registrations must be received NO LATER than June 22, 2018.**  
**Late registrations are subject to availability and may not be accepted. No Walk-In Registrations accepted.**

**FOR OFFICIAL USE ONLY**

PMT:  Cash  Check M/O \_\_\_\_\_  
VBS Group Assignment: \_\_\_\_\_