

Vacation Church School 2011

Exploring the Bible

Tuesday June 28 - Friday July 1, 2011

Registration Form



*Please use one registration form per family. Each family must register separately.
Please fill out both pages*

Children's Information

Child #1

First Name _____ Last Name _____ Birthday _____

Gender M F Allergies _____ Medications _____

Grade (as of Sept) _____

Child #2

First Name _____ Last Name _____ Birthday _____

Gender M F Allergies _____ Medications _____

Grade (as of Sept) _____

Child #3

First Name _____ Last Name _____ Birthday _____

Gender M F Allergies _____ Medications _____

Grade (as of Sept) _____

Parent's Information

Mother's Name _____ Mother's Cell # _____ Mother's Work # _____

____ Yes, I would like to help during the Vacation Bible School. Please contact me to let me know how I can help!

Father's Name _____ Father's Cell # _____ Father's Work # _____

____ Yes, I would like to help during the Vacation Bible School. Please contact me to let me know how I can help!

Home Phone Number _____

Mother email _____ Father email _____

Home Address _____
City _____ State _____ Zip _____

Emergency Contact Information

Emergency Contact _____

Emergency Contact Work# _____ Cell # _____

Insurance Information

Children's Insurance: _____ Plan # _____

Doctor Name & Phone _____

Permissions

I hereby give my permission for my child to participate in the Vacation Church School (VCS). I understand all reasonable safety precautions will be taken at all times by St. George Church and its agents during VCS. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, St. George Church, its employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form. I agree that my child will abide by all the guidelines set forth and announced to the group for the safety and good health of the children at VCS.

I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, St. George Church, its employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. I hereby agree to indemnify and hold harmless St. George Church, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child.

In Case of a non-life threatening emergency, I do give my permission for my child (Children) listed above to receive medical treatment from a medical practitioner. In case of a life-threatening emergency the staff at St Georges Church Vacation Bible School (VBS) will immediately call 911 and notify you.

In case my child needs to receive basic first aid treatment that may include non-prescription medication such as Benadryl or Tylenol while he or she is in at the Vacation Bible School, I do give permission for the staff to administer the medication.

Please circle Yes or No next to each over-the-counter medication that your child is permitted to take.

Children's Tylenol	Yes	No
Ibuprofen Products	Yes	No
Children's Benadryl	Yes	No

Signature of Parent/Guardian: _____

Printed Name _____ Date _____

Registration Donation: \$15 for one child; \$20 for two children; \$25 for three or more children.
Please make checks payable to "St. George Church."

Please return this completed form along with payment to the Church Office by **June 20, 2011.**
Form & payment can also be mailed to:

Vacation Church School
c/o St. George Church
P. O. Box 320164
West Roxbury, MA 02132-0002