



St. Matthew Catholic Church Vacation Bible School 2017

July 17th through July 21st
 9:00 a.m. - Noon
 Rising Kindergarten - Rising Sixth Grade
 \$35 per child*

FAMILY NAME: _____ Home Telephone: _____

ADDRESS: _____
Number & Street City Zip Code

Daytime Telephone: _____ / _____
Father Mother

Emergency Contact: _____
Name Phone Relationship to child

Child(ren) may be picked up by: Parents Brother/Sister Other: _____
(Specify name & relationship)

Student's Name			M	F	Date of Birth	T-Shirt Size	Grade Entering Fall 2017
Last	First	M.I					

**PLEASE COMPLETE THE PERMISSION SLIP ON THE
REVERSE SIDE OF THIS FORM.**

Registration forms and payment may be dropped off or mailed to the Religious Education Office.

Please make checks payable to *St. Matthew*
 8200 Robert E Lee Drive
 Spotsylvania, VA 22551
 540-582-5575

*** No fee is charged for children of volunteers**

Saint Matthew Catholic Church
8200 Robert E Lee Drive
Spotsylvania, VA 22551

PERMISSION SLIP AND MEDICAL RELEASE

I, _____(parent/guardian) give permission for my child(ren) listed on the front of this form, to participate in the St. Matthew Vacation Bible School from Monday July 17th through Friday July 21st from 9:00 a.m.- Noon.

In the event that I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

Please provide all necessary information about insurance:

Insurance Carrier: _____ Policy Number: _____

I will not hold Saint Matthew or the Diocese of Arlington, chaperones, or representatives in association with this activity responsible in the event of injury.

My Child is Allergic to (Medication-food-other) _____

My child is taking medication (indicate dosage, frequency, etc.):

You should be aware of these special medical conditions of my child (dietary, asthma and other concerns):

Parent's Signature: _____ Date: _____

I understand that photos of the children will be taken during activities and hereby grant permission for my child(ren)'s image to be displayed in a photo or media slide show presentation that will not be distributed to anyone.

Parent's Signature: _____ Date: _____