



St. Matthew Catholic Church Vacation Bible School 2019

June 3rd through June 7th
 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 2019
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 June 3rd through Friday June 7th 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: _____