

St. Boniface Parish
Vacation Bible School 2015 Registration Form

STUDENT _____ **GRADE ENTERING** _____ **SEX:** M F

St. Boniface Parishioner? **Yes No** If no, Parish Name: _____

PARENT/GUARDIAN INFORMATION

Name of Father/Guardian _____ **Daytime Phone** _____

Address _____ **City** _____ **Home Phone** _____

Name of Mother/Guardian _____ **Daytime Phone** _____

Address _____ **City** _____ **Home Phone** _____

Medical Release

EMERGENCY CONTACTS

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

➡ Please explain any medical or physical problems including all allergies which we should be aware of; or any special needs/circumstances that may relate to your child: _____

➡ In case of emergency and a parent or emergency contact cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my child _____. I understand that as the parent/guardian I am responsible for medical expenses incurred.

Parent/Guardian Signature _____ **Date** _____

Photograph Release

During Vacation Bible School we will have the opportunity to take photos of children engaged in activities. We need your permission to use photos of your child on the St. Boniface Parish Web Site and in other communications such as, but not limited to; Parish publications (e.g., bulletins, brochures), print advertising and media relations. Your child's name will not be used.

_____ **I GIVE MY PERMISSION**

_____ **I DO NOT GIVE MY PERMISSION**

for St. Boniface Parish Vacation Bible School to use photographs of my child _____ to illustrate activities of the program such as, but not limited to: Parish publications (e.g. bulletins, brochures), St. Boniface Parish Web site, print advertising and media relations that promote the program.

Signature _____ **Date** _____