# St. John Vianney
# Vacation Bible School Registration Form
# June 19-June 23, 2017 from 9:30 a.m. - Noon

## PARENT/GUARDIAN INFORMATION

| | | |
|---|---|---|
| **Last Name** | **Father's First Name** | **Mother's First Name** |
| **Home Address** | **City** | **Zip Code** |
| **Home Phone** | **Father's Cell # or Work #** | **Mother's Cell # or Work #** |
| **Email Address** | **Emergency Contact Name & Phone #** | **Doctor's Name & Phone #** |

Custodial care is with: Both Parents _____ Mother _____ Father _____ Other _____

| **Child's Name (First & Last)** | **Gender** | **Age as of June 1, 2017** | **Grade Entering into for Fall 2017** | **T-Shirt Size (see sizes below)** |
|---|---|---|---|---|
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***Children must be entering Kindergarten in the fall of 2017 in order to participate.***

All children entering **6th grade** in the fall will be apprentice crew leaders and still need to pay the registration fee. Children entering 7th grade or above are eligible to volunteer and do not pay the registration fee, but must complete a Volunteer Form.

***REGISTRATION DEADLINE – MAY 15, 2017 - FIRST COME, FIRST SERVED BASIS***
***Space is limited to 100 children.***

**Price: $40.00 per child (T-shirt included) Make checks payable to: St. John Vianney**

T-shirt sizes: Y-XS (2/4), Y-S (6/8), Y-M (10/12), Y-L (14/16) or Adult Small

$40.00 x _____ # of children attending $_____

$10.00 per Make Fun Factory Music CD $_____

Total Amount Due $_____

**Please Note:** Payment must be included with registration to guarantee your child's spot. No child will be turned away due to financial reasons. If finances are a concern, please contact John Gencarelli at 402-895-0896 to request a tuition-assistance form. This form must be turned in with the completed registration.

(Please complete both sides of this form)

**FAMILY MEDICAL INFORMATION**:
Does your child have any special needs or allergies that we need to be aware of to better facilitate his/her education? No _____ Yes _____ if yes, please explain _____

_____

Does your child take any medications? No _____ Yes _____ if yes, please list _____

_____

**CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY**:
In the event that I cannot be reached to make arrangements, I hereby give my consent to St. John Vianney Church to contact the physician named on side one of this form and, if necessary, transport my child to a clinic or hospital.

**Parent's Signature:**

_____ **Date:** _____

**PERMISSION TO USE PICTURES: (sign one)**

I hereby give St. John Vianney Church permission to publish pictures of my child/children (no names will be included) on the parish website or in parish publications.
**Parent's Signature:**

_____ **Date:** _____

I **DO NOT** give St. John Vianney Church permission to publish pictures of my child/children on the parish website or in parish publications.
**Parent's Signature:**

_____ **Date:** _____

**Questions? Additional information? Contact John at 402-895-0896 or at jgencarelli@sjvomaha.org**

**For Office Use Only:**

| Date Rec'd | Payment Amount | Check # / Cash | Rec'd By |
|---|---|---|---|
| | | | |