



# Child Registration Form

June 1-5 9:00-12:00

More than one child? Flip this page over.

Child's Information:

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Allergies, dietary, or medical conditions: \_\_\_\_\_

Family Information:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell number: \_\_\_\_\_

Health Insurance Information: Carrier: \_\_\_\_\_ Mem ID: \_\_\_\_\_

Authorized Person(s) for Pick-Up:

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Publicity:

\_\_\_\_\_ I authorize OLSS to use pictures of my child(ren) on its website/social media for informational or promotional purposes.

Release of liability:

\_\_\_\_\_ By signing this form, I understand there are risks involved in all activities, including VBS activities. I agree not to hold Our Lady Star of the Sea, any of its VBS leadership, or other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS team will make every reasonable attempt to provide a safe and caring environment for my child(ren). I understand I will be notified as soon as possible in the event of an emergency. I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form by \_\_\_\_\_

ADDITIONAL CHILDREN

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Dietary/Medical conditions \_\_\_\_\_

\*\* ID and written notice from parent will be required for the "Authorized Person" to pick up child(ren). \*\*

**\$10.00 per child**  
**\$40.00 for a family of 4+ children**

# of children \_\_\_\_\_ Amount \_\_\_\_\_ Payment Type \_\_\_\_\_