

# Registration Form

**Vacation Bible School July 9-13, 2018 ☀ 9am-12 pm**  
**at School of the Incarnation**  
**Deadline to Register: May 30, 2018**

*St. Elizabeth Ann Seton*

MARY OSHIRO [mary.oshiro@seaseton.org](mailto:mary.oshiro@seaseton.org) 410-721-5770, ext. 222

*St. Joseph Odenton*

MICHELE DOUGHERTY [mdougherty@stjosephodenton.org](mailto:mdougherty@stjosephodenton.org) 410-674-9238

*Our Lady of the Fields*

LISA HOGAN [lisa@olfparish.com](mailto:lisa@olfparish.com) 410-923-7037



## PLEASE COMPLETE BOTH SIDES

Parent/Guardian PLEASE PRINT CLEARLY

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_

Evening \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Parish:  St. Elizabeth Ann Seton  St. Joseph Odenton  Our Lady of the Fields

**Registration Fee: \$45 per child**

**2 children \$90, 3 children \$135**

Please submit checks and registration form by **May 30, 2018**

Payable to: St. Elizabeth Ann Seton  
VBS Registration, 1800 Seton Drive,  
Crofton, MD 21114

**Pay using Give Central**

[www.givecentral.org](http://www.givecentral.org)

Click "Start Giving" and put  
"21114" in the search bar.  
Make a one-time donation  
to Vacation Bible School

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check  
No. \_\_\_\_\_

Give  
Central \_\_\_\_\_

Check  
Date \_\_\_\_\_

Parent Volunteer? \_\_\_\_\_

## MEDICAL RELEASE FORM Name of event: Vacation Bible School, July 9-13, 2018

I the undersigned parent or guardian of \_\_\_\_\_, a minor or minors, do hereby authorized adult volunteers of **St. Elizabeth Ann Seton, Our Lady of the Fields and St. Joseph, Odenton** parishes as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from liability **St. Elizabeth Ann Seton, Our Lady of the Fields and St. Joseph, Odenton** parishes, any of its ministers or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance

Company \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

*If Parent/Legal Guardian is not available in an EMERGENCY, CONTACT:*

1.

NAME

PHONE

2.

NAME

PHONE

Our VBS is for children ages 4-10. Children age 4 must be toilet trained, able to follow directions, and have preschool experience.

Children age 11 and older may participate as assistants to adult leaders.

Adult volunteers and youth ages 14-17 must comply with the Archdiocesan Policy for the Protection of Children and Youth.

**REGISTER FOR EACH CHILD ON THE REVERSE SIDE. IF YOU NEED MORE SPACE, ATTACH ANOTHER FORM.**

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade for **September 2018** (Check)

Child's Birthdate \_\_\_\_\_

Pre-K  K  1  2  3  4  5

T-shirt Size: Youth S  M  L  Adult S  M  L

Please list any allergies. Include medications, food, and seasonal allergies:

Does your child have any medical or special needs?  No  Yes If yes, please explain:

Please list medications your child is taking:

Will this medicine need to be administered during VBS (9 am – 12 pm)?

no  yes\* TIME: \_\_\_\_\_

no  yes\* TIME: \_\_\_\_\_

*\*Medications needing to be administered during VBS must be delivered to the nurse in a clearly labeled bottle. Please indicate "as needed" and let us know if your child will carry his or her own epi-pen or rescue inhaler.*

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade for **September 2018** (Check)

Child's Birthdate \_\_\_\_\_

Pre-K  K  1  2  3  4  5

T-shirt Size: Youth S  M  L  Adult S  M  L

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