

Saint Ambrose Parish Vacation Bible School

July 8-12, 2019



Child's Full Name _____ Age _____ Boy or Girl _____
 Parent's Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Email _____
 Her Cell _____ His Cell _____
 Parish family belongs to _____ School student will attend in the fall _____

Last Grade Completed: Pre 3, Pre 4, Pre K, K 1 2 3 4 5 Date of Birth _____
 (Must be 4 years of age by September 30, 2019)

Please Circle Choice:

Session 1 9:00am - 12:00pm Monday - Friday

OR

Session 2 1:00pm - 4:00pm Monday -Thursday

1:00pm - 3:00pm Friday (Please note Friday will end at 3pm)

SAVE THE DATE! VBS Mass Reunion - Sunday, July 14

The children will perform a VBS song at the 9am and 10:30am Mass.
 Please join us at one of the Masses.

Please check here if your child has food allergies that require diet restrictions.
 If so, please provide your child their snacks for the event. Also, note allergies on the Emergency Medical Form.

Registration Form and Emergency Medical Form is needed for EACH child participating!

\$35.00 First child \$30.00 Second child \$70.00 Family maximum

Is your child in the Saint Ambrose Day Camp? _____

***Day camp students will attend the AFTERNOON VBS session and will receive a \$5 discount.**

Of children _____

TOTAL ENCLOSED: _____

Please make check payable to Saint Ambrose

VISA/MC (circle) Account # _____ / _____ / _____ / _____ Ex: _____ / _____

Return form and payment to Saint Ambrose PSR Office VBS 929 Pearl Rd. Brunswick, OH 44212

For questions contact Janet at jmajka@stambrose.us OR the PSR Office at 330-460-7302

FOR OFFICE USE ONLY:

Date Received _____ / _____ / _____ Charge / Cash / Check # _____ Amount Enclosed: _____

Filed in PDS _____ / _____ / _____ GROUP _____

**** Due: June 5, 2019 ****

(Office Use)

Emergency Medical Authorization Form
Vacation Bible School
July 2018

Child's Name _____ Gender M / F Age _____

Parent/Guardian Names _____

Birth date _____ Home phone _____ Cell _____

Address _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part 1-Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital. The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part II-Refusal to Consent

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my minor child _____ age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his participation at St. Ambrose programs by an employee, agent or representative of St. Ambrose or independent contractor.

This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of St. Ambrose and may be used by St. Ambrose for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

PARENT(S)/GUARDIAN SIGNATURE _____ **DATE** _____

Please return to: Saint Ambrose PSR Office 929 Pearl Rd. Brunswick, Ohio 44212