

# St. Anselm Church VBS 2014 Registration



June 23-27, 9-11:30am daily

Return this form with a check for \$30 payable to "St. Anselm Church" to the church office (12969 Chillicothe Road, Chesterland 44026) in an envelope marked "VBS." Contact co-directors Christine Montgomery and Karen Wright at st.anselm.vbs@gmail.com or Karen at 216-409-9571 with questions.

**Unfortunately, no registrations can be accepted after May 19.**

## Personal Information:

Child's Name: \_\_\_\_\_ Age as of VBS: \_\_\_\_\_ Grade Completing: \_\_\_\_\_

T-shirt size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

List all allergies, special needs, and medical issues the VBS staff should be aware of, including but not limited to food allergies and medical conditions that will require monitoring during VBS: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

In case of emergency, if the Parent / Guardian above cannot be reached, please contact:

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

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Volunteer Information:

Do you or your older children want to join the fun and help during VBS? Please indicate and we will provide you a volunteer registration form. If not an adult, please indicate age.

Name of Helper(s): \_\_\_\_\_

## Acknowledgement of Policies and Medical Release:

To ensure everyone's safety, each child must be signed in and out of VBS each day by a parent or guardian. You must enter the building and sign your child in and out.

In the event of an emergency, the staff of Saint Anselm Church VBS 2014 has my permission to seek medical treatment for my child until such time as I can be contacted. .... Yes / No

I agree to have photos of my child taken during VBS for use in crafts or displays in the church and school. .... Yes / No

I agree to have photos of my child taken during VBS shared on the St. Anselm Church website and/or *The Saint Anselm Messenger*. .... Yes / No

Participants in VBS may not otherwise photograph or record other participants during VBS.

If we encounter a continued behavioral issue with your child which we are unable to remedy successfully, we reserve the right to withdraw your child from the program.

Your signature indicates your acceptance of these policies on behalf of yourself and your child:

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