



VACATION BIBLE SCHOOL
REGISTRATION FORM
SUMMER 2016
GRADES K-6

OFFICE USE ONLY:
Reg. Fee
Pmt
Balance
Check Cash Credit
Receipt #
Processed by:

Date of Application:
Registered Supporting Parishioner
Envelope Number

OFFICE USE ONLY:
Application Audited by:
Application Input by:
Audit/Input Completed Date:

FAMILY INFORMATION:

MOTHER'S NAME:
MOTHER'S MAIDEN NAME:
RELIGION:
OCCUPATION:
HOME NUMBER:
WORK NUMBER:
CELL NUMBER:
EMAIL ADDRESS TO CONTACT FAMILY:
STREET ADDRESS:
CITY/STATE:

FATHER'S NAME:
RELIGION:
OCCUPATION:
HOME NUMBER:
WORK NUMBER:
CELL NUMBER;
ZIP CODE:

PARENTS' MARITAL STATUS: (Circle One)
Roman Catholic Marriage
Civil Marriage
Not Married
Separated
Divorced
Widowed
Living Together

STUDENT INFORMATION #1: (Circle one) New Student

LAST NAME: FIRST NAME MIDDLE NAME:
Male Female SCHOOL NAME: GRADE:
PLACE OF BIRTH: DATE OF BIRTH:
Does child have special needs/medical condition? (If YES, provide details):

OFFICE USE ONLY:
Class Assignment: (English Only)
GRADE:
T-shirt Size:

STUDENT INFORMATION #2: (Circle one) New Student

LAST NAME: FIRST NAME MIDDLE NAME:
Male Female SCHOOL NAME: GRADE:
PLACE OF BIRTH: DATE OF BIRTH:
Does child have special needs/medical condition? (If YES, provide details):

OFFICE USE ONLY:
Class Assignment: (English Only)
GRADE:
T-shirt Size:

**STUDENT INFORMATION #3: (Circle one)       New Student**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

Male  Female SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Does child have special needs/medical condition?  Yes  No (If YES, provide details): \_\_\_\_\_

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<b>OFFICE USE ONLY:</b>	Class Assignment: <i>(English Only)</i>
	GRADE: _____
	T-shirt Size: _____

**STUDENT INFORMATION #4: (Circle one)       New Student**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

Male  Female SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Does child have special needs/medical condition?  Yes  No (If YES, provide details): \_\_\_\_\_

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<b>OFFICE USE ONLY:</b>	Class Assignment: <i>(English Only)</i>
	GRADE: _____
	T-shirt Size: _____

**EMERGENCY INFORMATION:**

Emergency Contacts (other than parents):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION & AUTHORIZATION:**

Name of Physician to be called in case of emergency: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or emergency, I authorize St. Charles representative or staff to the above-named physician or to the nearest emergency hospital for such emergency treatment and measure as or deemed necessary for the safety and protection of my child at my expense.

Specific Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT/RELEASE**

I understand that St. Charles Parish or the Catechetical Ministry Center does NOT assume responsibility for payment of a physician. However, in an emergency, I authorize emergency medical treatment and agree that you may choose physician (s). I hereby release, both individually and collectively, the Diocese of San Diego, St. Charles Parish, its staff and volunteers, from any and all liability arising from the care and supervision of my child/ren.

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**PHOTO/VIDEO RELEASE:**

By signing below, I authorize St. Charles Parish of the Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video for purposes of promoting the mission of the Religious Education Program. Photos, audio, video may be used in printed materials and any other visual display or media. I understand that such photos and or audio or video recordings will be used for St. Charles Religious Education Program related purposed and will not be used for any commercial purpose whatsoever. I, therefore, hereby waive any kind and all rights of my child/ren may have or for any compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

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I DECLINE

\_\_\_\_\_ (Initials)