



Child REGISTRATION FORM Vacation Bible School 2022

June 27 - July 1 9 am - 12:15 pm
On site at St. John the Evangelist Catholic Church
8701 NE 119th Street

Registration Fee: early bird special
\$35...reduced to \$25 if paid before June 13
(max. cost per family is \$75; add'l \$10 per child after June 13)
(limited scholarships available...apply early)

One application per child, please print

Child's Last Name: _____ First Name: _____

Child's age: _____ Grade completed this June: _____

Name of parent/guardian: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Cell phone: (____) _____

Home e-mail address: _____

Special group placement request: (sibling/friend) _____

Permission to photograph your child? Yes No Complimentary group photo? Yes No

Alternate pickup person: Name _____ Phone: (____) _____

Emergency contact name: _____

Phone: _____ Relationship to child: _____

ALLERGIES (food, insects) or other medical condition:
ALERGIAS de unas comidas o cualquier otra condición: _____

EMERGENCY TREATMENT RELEASE: I authorize the Archdiocese of Seattle and it's representatives to use their judgement in determining emergency care and procedures for my child. I also agree and understand that the Archdiocese/St. John the Evangelist assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

AUTORIZACIÓN PARA EMERGENCIA MÉDICA: Yo autorizo a la Arquidiócesis de Seattle Y sus representantes para que usen su juicio determinando el tratamiento de emergencia que sea necesario para mi hijo. También acepto y entiendo que la Arquidiócesis/ San Juan el Evangelista No asumen ninguna responsabilidad financiera por gastos causados por el procedimiento de emergencia o por la transportación de emergencia.

Parent/guardian signature: _____ **Date:** _____

Firma Padres/Guardianes: _____ **Fecha:** _____

(please print)

I would like to volunteer: Yes No (fee can be waived depending on volunteer participation)

Name _____ Best contact phone: (____) _____

- I have completed a background check: Yes No
- I have completed the initial Safe Environment training: Yes No
- I am registered with VIRTUS: Yes No

FOR OFFICE USE ONLY: Volunteer _____ Paid _____ (amount) Music rec'd Yes No Crew # _____