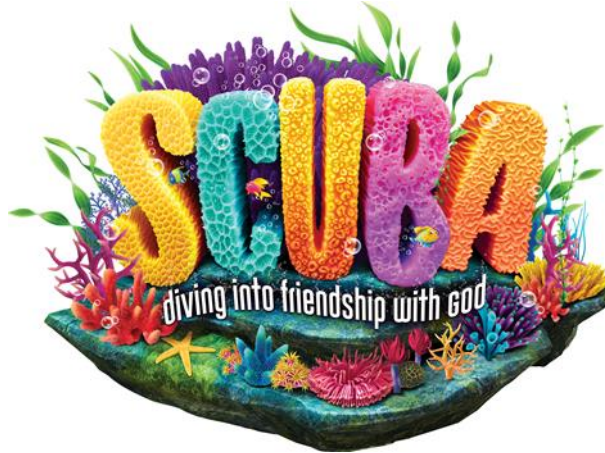


# St. Rose Vacation Bible School Registration

## July 8 – 12, 2024



### Child(ren) Information

**Child #1's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade completed 2023-24** \_\_\_\_\_ **Age** as of 7/1/24 \_\_\_\_\_

**Dismissal info for Child #1:**

- My child will be picked up in the classroom.
- My child has permission to leave the classroom alone at the end of the day.

**Names of those with permission to pick up your child.**

Please list first and last name of all persons with permission to pick up child#1:

\_\_\_\_\_

**Child #2's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade completed 2023-24** \_\_\_\_\_ **Age** as of 7/1/24 \_\_\_\_\_

**Dismissal info for Child #2:**

- My child will be picked up in the classroom.
- My child has permission to leave the classroom alone at the end of the day.

**Names of those with permission to pick up your child.**

Please list first and last name of all persons with permission to pick up child#2:

\_\_\_\_\_

**Child #3's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade completed 2023-24** \_\_\_\_\_ **Age** as of 7/1/24 \_\_\_\_\_

**Dismissal info for Child #3:**

My child will be picked up in the classroom.

My child has permission to leave the classroom alone at the end of the day.

**Names of those with permission to pick up your child.**

Please list first and last name of all persons with permission to pick up child#3:

\_\_\_\_\_

**Child #4's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade completed 2023-24** \_\_\_\_\_ **Age** as of 7/1/24 \_\_\_\_\_

**Dismissal info for Child #4:**

My child will be picked up in the classroom.

My child has permission to leave the classroom alone at the end of the day.

**Names of those with permission to pick up your child.**

Please list first and last name of all persons with permission to pick up child#4:

\_\_\_\_\_

**Parent Information:**

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

**Parent Email** \_\_\_\_\_

**Parent Phone (best phone # to reach you)** \_\_\_\_\_

**Parent Street Address** \_\_\_\_\_

**Parent City, State, Zip** \_\_\_\_\_

**Emergency Contact**

(Name & Telephone # to be called if parent can't be reached at above number)

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ST. ROSE OF LIMA 2024 VBS**  
**Emergency Medical Authorization**

Child #1 Name: \_\_\_\_\_

MEDICATIONS BEING TAKEN:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO MEDICATION:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO FOOD:  YES  NO If yes, please list: \_\_\_\_\_

SPECIAL NEEDS/LEARNING DISABILITIES:  YES  NO If yes, please list: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

MEDICATIONS BEING TAKEN:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO MEDICATION:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO FOOD:  YES  NO If yes, please list: \_\_\_\_\_

SPECIAL NEEDS/LEARNING DISABILITIES:  YES  NO If yes, please list: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

MEDICATIONS BEING TAKEN:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO MEDICATION:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO FOOD:  YES  NO If yes, please list: \_\_\_\_\_

SPECIAL NEEDS/LEARNING DISABILITIES:  YES  NO If yes, please list: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_

MEDICATIONS BEING TAKEN:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO MEDICATION:  YES  NO If yes, please list: \_\_\_\_\_

ALLERGIES TO FOOD:  YES  NO If yes, please list: \_\_\_\_\_

SPECIAL NEEDS/LEARNING DISABILITIES:  YES  NO If yes, please list: \_\_\_\_\_

**Purpose:**

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PREP authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone #)  
or \_\_\_\_\_ (name & Phone # of other parent or guardian)

have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred physician) or

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred dentist),

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

(2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

\*\*\*\*\*

*This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.*

NAME OF PARENT/GUARDIAN \_\_\_\_\_

(please print)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Refusal To Consent (Do NOT complete if you completed top portion)**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the PREP authorities to take no action or to:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ST. ROSE OF LIMA 2024 Vacation Bible School**  
**Parent/Guardian Media Consent Form**

We are sending you this parental consent form both to inform you and request permission for your child's photo/image, *without any personally identifiable information*, to be published on the parish web site/bulletin or posted in our parish church or school.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names and any personal information.

*If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the parish secretary and such rescission will take effect upon receipt by the parish.*

**Please check one of the following choices:**

\_\_\_ I/We GRANT permission for a photo/image that includes this student *without any personal identifiers* to be published on St. Rose of Lima's Internet site or posted in our Church vestibule or the School.

\_\_\_ I/We DO **NOT** GRANT permission for a photo/image that includes this student *without any personal identifiers* to be published on St. Rose of Lima's Internet site or posted in our Church vestibule or the School.

**Child(ren) Names** (print)

\_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cost of Vacation Bible School Program**

One Child - \$30

Two Children - \$50

Three or More Children - \$70

Drop cash or check off to school or rectory office in envelope with the names of your children.

*(scholarships are available to those in need)*