

ST. ROSE OF LIMA VACATION BIBLE SCHOOL REGISTRATION FORM



JULY 11-15, 2016 8:30 AM to 12 PM

Children age 4 through 5th grade

PLEASE COMPLETE ONE REGISTRATION FORM AND EMERGENCY MEDICAL FORM PER CHILD

Child's Name: _____ Birth Date: _____ Age: _____

(Note: Must be 4 yrs. old by June 1, 2016)

VBS CLASS: PRE-K _____ KINDERGARTEN _____ 1ST _____ 2ND _____ 3RD _____ 4TH/5TH _____

(VBS class is the grade completed for the 2015-2016 school year)

Parent/Guardian's Name: _____ Telephone: _____

Address: _____ City _____ Zip _____

E-Mail: (Required) _____

EMERGENCY CONTACT (Name and Telephone): _____
(NUMBER TO BE CALLED IF PARENT CANNOT BE REACHED AT ABOVE NUMBER)

ALLERGIES TO FOOD AND/OR MEDICATION? YES _____ NO _____ **PLEASE LIST:**

Please note any special needs / learning disabilities that we should be aware of:

Although we cannot guarantee placement, if you wish to make a request please list friends' names in special needs area above.

Please choose one (1):

____ My child will be picked up in the classroom by: _____

____ My child has permission to leave the classroom alone at the end of the day.
(Due to the many children involved in the program, we suggest children wait with teachers in their classrooms.)

If you would be willing to volunteer please check the following:

____ YES! I would like to volunteer! Please circle your area of interest and availability:

TEACHER

COORDINATOR (crafts, snack, recreation, decorating)

CRAFT HELPER

SNACK HELPER

RECREATION HELPER

BABYSITTER

DECORATING

I am available: ____ ALL DAYS ____ MONDAY ____ TUESDAY ____ WEDNESDAY ____ THURSDAY ____ FRIDAY

VOLUNTEERS MUST HAVE A BACKGROUND CHECK THROUGH THE CAMDEN DIOCESE AND ATTEND A CAP (Child Assault Prevention) SESSION PRIOR TO VBS. Contact cresecretary@strosenj.com for more information. Please note: this process can take several weeks.

DEADLINE FOR REGISTRATION IS FRIDAY, JUNE 15, 2016

Registration fee: \$30 for one child, \$20 for each additional child

For further information, email vbs@strosenj.com or call #856-546-9326

For office use only: # of Children _____ Total Due \$ _____ Amount Paid \$ _____ Cash / Check # _____

ST. ROSE OF LIMA
2016 Vacation Bible School
Emergency Medical Authorization

CHILD'S NAME: _____

BIRTH DATE: _____ AGE: _____

NAME OF PARENT/GUARDIAN _____
(please print)

PHONE _____

ADDRESS _____

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 _____ (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 dentist, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____

Signature of Parent or Guardian

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:

Date: _____

Signature of Parent or Guardian

Parent / Guardian 2016 Media Consent Form

(this form may be used for all children in the family)

We are sending you this parental consent form both to inform you and request permission for your child's photo/image to be published on the district and/or school's web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the internet does not allow as to control who may access such information. These dangers have always existed; however, as we schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

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, residential addresses, e-mail address, phone numbers and locations and times of class trips.

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 principal of your child's school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

___ I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on St. Rose of Lima's Internet site.

___ I/We DO NOT GRANT permission for a photo/image that includes this student to be published on St. Rose of Lima's Internet site.

Students Names (print)

Age

Students Names (print)

Age

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Email: _____ **Phone:** _____

Date: _____