

Sacred Heart's Vacation Bible School



Registration Form

DATES: June 1-4, 2020
TIME: 9am-Noon (Thursday until 12:30pm)
WHERE: Sacred Heart Church (1210 17-1/2 Road, Fruita)
COST: \$25/kid or \$40/family of 2 or more (Checks payable to "Sacred Heart"/VBS in memo)
AGES: Incoming Pre-K (age 4) through 6th Grade

Space is limited. Deadline to register is May 29th.

Visit www.sacredheartfruita.com or call Colleen at 970-640-7761 for more details

REGISTRATION INFORMATION (also complete reverse side):

Parent Name: _____ Email: _____ Cell#: _____

Address, City, State, Zip: _____

1. Child's Name: _____ Age: _____ Grade going into: _____

2. Child's Name: _____ Age: _____ Grade going into: _____

3. Child's Name: _____ Age: _____ Grade going into: _____

4. Child's Name: _____ Age: _____ Grade going into: _____

Please indicate any FOOD ALLERGIES/SPECIAL NEEDS your child has (and please note which child it is): _____

Volunteers Needed (Adult and Middle/High School Youth) for crafts, snacks, Bible Study, set-up, clean-up

Name of volunteer: _____ Cell#: _____

Days you can help: _____ Age (if middle/high schooler): _____

(OVER)

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Sacred Heart Youth Permission Slip and Release of Liability

____ I give permission for my child, _____, to attend Vacation Bible School at Sacred Heart Catholic Church.

____ I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician or other health care provider to provide the care necessary, including anesthesia, for my child's well-being.

____ I, the parent/guardian of _____, hereby release the Diocese of Pueblo, Sacred Heart Catholic Church, its staff, and the adult and volunteers, of the responsibility regarding possible injury, accident, sickness, etc, that might occur during the event. I understand that the organizers are taking reasonable precautions to make this a safe and enjoyable experience.

Parent/Guardian Signature

Date

Child's Date of Birth: _____

Is there anyone who you will authorize to pick up your child from the event (e.g., spouse, friend, family member, etc)? Please list: _____

Allergies: _____

Are there any additional Health/Learning Disabilities about your child that we should be aware of?

Additional Emergency Contact and Phone #: _____

Health Insurance Company: _____ Policy #: _____

***Mail/Bring completed registration form and payment to:
Sacred Heart VBS, 1210 17-1/2 Rd, Fruita, CO 81521***
