



VACATION BIBLE SCHOOL
AUGUST 22-26
FOR AGE 3-GRADE 5

ALL CHILDREN MUST BE POTTY TRAINED

CHILD'S NAME: _____

CHILD'S GENDER: _____ AGE: _____

GRADE (22-23 SCHOOL YEAR): _____

BIRTHDAY: _____ TEE SHIRT SIZE: _____

SCHOOL: _____

NAME OF PARENT(S): _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NUMBER: _____ HOME

EMAIL ADDRESS: _____

PARISH: _____

ALLERGIES OR MEDICAL CONCERNS: _____

IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:

PHONE NUMBER: _____

RELATION TO CHILD: _____

**EARLY REGISTRATION - \$50 PER CHILD
\$75 AFTER JULY 1 CASH OR CHECK
PLEASE MAKE CHECKS PAYABLE TO
ST. JOHN THE EVANGELIST**

**St. John the Evangelist
Youth Ministry
Medical Information and Liability Release**

Please print and complete all areas.

Child's Name: _____ Birth date: _____

Parent(s) Name: _____

Address: _____

Phone: _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian Insurance Group Name: _____

Insurance Group Number: _____

MEDICAL INFORMATION:

Family physician's name: _____ Phone: _____

Date of last tetanus shot: _____

Limitations to be aware of: _____

Medicine required: _____ Frequency: _____

My child has permission to be administered Tylenol or Ibuprofen when requested by child.

Yes

No

In case of medical emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if they cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church and Youth Ministry, the Archdiocese of Philadelphia and its officers, employees and volunteer staff from any liability.

Signature of Legal Guardian:

Date:

St. John the Evangelist
Vacation Bible School
August 22-26, 2022

Youth Name: _____

Birthdate: _____

Consent Form: Posting Pictures/Videos of Minors Parish

Organization: Youth Ministry

Parish: St. John the Evangelist

In order to protect the privacy of youth, permission must be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors.

_____ I give my permission for my child's picture, with name, to be posted on the parish website, parish social networks pages, and/or church bulletin, associated with this parish organization.

_____ I give my permission for my child's picture, without name, to be posted on the parish website, parish social networks pages, and/or church bulletin, associated with this parish organization.

_____ I do not give permission for my child's picture to be posted on the parish website, parish social networks pages, and/or church bulletin, associated with this parish organization.

Name of parent/guardian (Please print): _____

Signature of parent/guardian: _____

Date: _____