

Office use only-Received	
Date: _____	Ck# _____
Credit: _____	Cash: _____
T-Shirt Size: _____	

## Student Information

**Please return Registration Form to the Parish office no later than May 21th**

Fee: \$25.00 per student

Student Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Phone Number \_\_\_\_\_

Father/mother name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Email address \_\_\_\_\_

Is your family a registered member of St. Bernard's Parish?      Yes      No

**Please circle LAST completed grade level for your child. (As of June 2018)**  
*(Preschool Children must be 4 years old by August 1, 2018)*

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| PRESCHOOL             | KINDERGARTEN          | 1 <sup>ST</sup> GRADE |
| 2 <sup>ND</sup> GRADE | 3 <sup>RD</sup> GRADE | 4 <sup>TH</sup> GRADE |
| 5 <sup>TH</sup> GRADE | 6 <sup>th</sup> GRADE |                       |

**PARENTS: Please indicate if you can help in any of the following areas:**

**CABIN LEADER**    Grade Level you would like to work in \_\_\_\_\_ (Must be fingerprinted with Diocese)

**STATION LEADER** Grade Level you would like to work in \_\_\_\_\_ (Must be fingerprinted with Diocese)

**SNACK HELPERS:** Help prepare and distribute snacks to the children from 10:00am to 11:30am.

- Monday      Tuesday      Wednesday      Thursday      Friday

**RECESS HELPERS:** Help supervise the children in the play areas from 10:00am to 11:30am.

- Monday      Tuesday      Wednesday      Thursday      Friday

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**  
**AND TURN INTO CHURCH OFFICE NO LATER THEN MAY 21TH**

## St. Bernard's Parish Vacation Bible School

### ACTIVITIES PERMISSION FORM

Participant's full name \_\_\_\_\_

I, the undersigned parent or legal guardian of the above-named person gives my permission for his/her participation in Vacation Bible School offered by St. Bernard's parish from June 11, 2018 through June 15, 2018. I hereby release and save harmless St. Bernard's Parish and any and all of its employees or volunteers from any and all liability for any and all harm arising to my child and for any loss of property as a result of said activities.

### MEDICAL PERMISSION FORM

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby appoint the Activity or VBS Director as agent for the undersigned for the sole purpose of authorizing and signing any consents for x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of the nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which any physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the California Civil Code and shall remain effective from June 11, 2017 through June 15, 2018 unless sooner revoked in writing to said agent(s).

### PARENT/ LEGAL GARDIAN SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NECESSARY MEDICAL INFORMATION

1. Student full Name \_\_\_\_\_ DOB \_\_\_\_\_

2. In case of accident call \_\_\_\_\_ Home # \_\_\_\_\_ WK# \_\_\_\_\_

3. Alternate person to call \_\_\_\_\_ Tele# \_\_\_\_\_

4. Physician Name \_\_\_\_\_ Tele # \_\_\_\_\_

5. Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

6. Describe in full any allergies (drug, food, insect bites, etc.) or limitation on physical activities.

Drug allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Please return registration form no later than 05-21-18 to the Parish Office.**  
**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM.**