



**VBS Child Registration Form**  
**JUNE 24 – JUNE 28, 2024 -- 9:00 AM to NOON**  
**ST. Margaret Mary's Parish, Lower Burrell**  
**Cost for the WEEK: \$20.00 per Child**

**Child's Information:**

Name: \_\_\_\_\_

Gender: M    F    Age: \_\_\_\_\_    Grade completed: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Health Insurance # (if applicable): \_\_\_\_\_

**Family Information:**

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

Address: \_\_\_\_\_    Email: \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_    Cell: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_    Phone: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge Cat.Chat Productions Inc., this Diocese, and this Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Cat.Chat VBS program.

Parent / Guardian Signature

Date

\_\_\_\_\_

**I CAN BRING BOTTLED WATER \_\_\_\_\_**

**RETURN completed form to TIM RUFLIN @ SMM or MSP Parish Office.**

