

St. Patrick Catholic Church  
Vacation Bible School 2009

Name \_\_\_\_\_ Age \_\_\_\_\_ M F

Grade Entering \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact in the event parent is not reachable:

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent's E-Mail \_\_\_\_\_

Medical Conditions / Allergies \_\_\_\_\_

Medication Required: \_\_\_\_\_

Please circle T-Shirt size: Youth: s m l Adult: s m l xl

Please attach fee: \$20.00 per child cash \_\_\_\_\_ check no. \_\_\_\_\_

Would parents or grandparents like to volunteer?

Teacher / Co-Teacher  
Preparation  
Babysit

Help on Last Day  
Walk with Group  
Need babysitting

I, the undersigned parent and/or legal guardian, grant permission for my child to participate in the St. Patrick Vacation Bible School Program from July 13-17, 2009. I understand that this event will take place under the supervision of volunteer representatives of St. Patrick Parish. I agree not to hold St. Patrick Roman Catholic Church, nor its representatives, nor the Diocese of Baton Rouge responsible for any claims, damages to personal property, or injuries which may result during this event, provided there is adequate supervision. I also hereby warrant that to the best of my knowledge my child is in good health and I assume the responsibility for the health of my child. I do hereby authorize and agree to pay for medical treatment by a qualified and licensed medical professional in the event of a medical emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_