

# Resurrection Catholic Parish - Vacation Bible School - July 16-20, 2018

## Age 3 (Must be 3 by 1/1/18) through entering 5<sup>th</sup> Graders

Also complete this form for Youth Helpers who are entering 6<sup>th</sup> through 12<sup>th</sup> Grade  
 Registration Form Due by July 2<sup>nd</sup> - Questions: abarba@rcparish.org



### Student Information

First Name	Middle Name	Last Name	Date of Birth (Must be 3 by 1/1/18)
Preferred Name (Nickname)	Last Grade <b>Completed</b> (2017-18)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Who does the student live with?
Allergies	Current Medications	Other Medical Conditions or Special Needs	

### Parent/Guardian Information

First Name(s)	Last Name	Relationship to student	Landline Home Phone
Primary Cell Phone	Secondary Cell Phone	Primary Email*	Secondary Email
First Name	First Name	*Will be used for all email updates.	Include this email in all updates? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Information

Emergency Contact #1 - First Name	Last Name	Relationship to student
Primary Phone ( <input type="checkbox"/> Cell <input type="checkbox"/> Landline)	Secondary Phone: ( <input type="checkbox"/> Cell <input type="checkbox"/> Landline)	Email
Emergency Contact #2 - First Name	Last Name	Relationship to student
Primary Phone ( <input type="checkbox"/> Cell <input type="checkbox"/> Landline)	Secondary Phone: ( <input type="checkbox"/> Cell <input type="checkbox"/> Landline)	Email
Primary Physician Name	Phone	Date of last Tetanus or booster shot if applicable
Medical Insurance Company Name	Medical Insurance Group/ID Number	
In case of emergency, after calling 911, do the following FIRST: <input type="checkbox"/> Transport student to nearest emergency-equipped hospital <input type="checkbox"/> Call Parent/Guardian/Emergency Contacts		

### Permissions & Authorizations

By signing below, I certify that all the information provided on this form is, to the best of my knowledge, correct and complete. In the event that parents/guardians or other persons named on this form cannot be contacted, the student's adult leaders are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health/safety of the student. I will not hold Resurrection Catholic Parish financially responsible for the emergency care and/or transportation of the student. I understand that Resurrection Catholic Parish has my permission to use student photos, videos, and artwork for bulletins, newsletters, websites, and other church-related publications.

Legal Name of Parent/Guardian	Relationship to Student
Signature of Parent/Guardian <i>(After all fields are filled, print form, sign &amp; submit via scan/email, fax or in person.)</i>	Date

### Fees & Payment

1 student - \$75 2 students - \$150 3 students - \$210 4+ students - \$250	<b>Please submit payment with form to secure your child's spot.</b> <input type="checkbox"/> Cash <input type="checkbox"/> via WeShare online <input type="checkbox"/> Check # _____ <input type="checkbox"/> Exempt (volunteer/employee) <input type="checkbox"/> Credit card by phone - call 503-638-1579	<b>Youth Helpers Only</b> <b>T-Shirt Size</b> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	<b>For Office Use Only</b> Date received: _____ Date paid: _____ Notes:
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