Vacation Bible School

Good Shepherd Catholic Church

June 17-21, 2024; 9:00 a.m.- Noon

(Open to those in Pre-K to 5th grade in Fall)



Registration Form Due by May 17, 2024

Child's Name	_Age_	Grade	M/F	
AddressCity		Church		
Special request for group placement (i.e.: needs to be with sibling				
Parent/Guardian Contact Information:				
Parent/Guardian:	Re	lationship:		
Phone #: Email:				
· · · · · · · · · · · · · · · · · · ·				
	Email:			
<u>Alternate Contact Information:</u>				
Alternate Contact #1:				
Phone #:Cell	#:			
Okay to Text?				
Alternate Contact #2:	Re	elationship:		
Phone #:				
Okay to Text?				
Registration Fees:				
Please do not allow the inability to pay, prevent you from registering office for assistance.	your ch	ild for this experience	e. Contact the parish	
Number of children:		VBS		
One child only		\$30.00		
Two children only		\$40.00		
Three or more children		\$50.00		
**VOLUNTEER SUPPORT N	EEDED	**		
a successful program depends on a good support system. This is below if you are able to volunteer for the week of our VBS progradate.		•	•	
Group Leader/Teacher Aide to Leader/Teac	her	Other		

Conse	ent for Participation	
I, the parent/ guardian of	urch, the Diocese of Altoona-Johnstown, a physical injury associated with participatin Shepherd Church, the Diocese of Altoted personnel, including the owners of facinal result of the registrant's participation is	g in this program. I hereboons-Johnstown, its affiliated lities utilized for the program
Consent for	Minor Medical Treatment	
As a parent or legal guardian of the above participant, I he licensed Doctor of Medicine or Doctor of Dentistry. This c life, limb, or well-being of by dependent.		
Printed name of parent/guardian	Parent/Guardian Signature	Date

YES No

If "Yes", insurance name:_______Group/Policy #

Please list any medical conditions, allergies or any other physical or mental limitations the staff needs to know to better serve

Is Participant Covered by Health Insurance?

Primary Care Doctor

(Participation will not be denied based on participants health insurance status)

your child's needs (use separate sheet of paper for special instructions):

● Photo/Video Consent ● ●

Initial the one that is applicable

______I/We GRANT permission for my child to have his/her photo/video taken and published on Good Shepherd Church's social media page or website, the church monitors in the gathering space, or other types of media. **Note**: It is the policy of Good Shepherd not to publish the names of the children who participate in this program without prior parental consent.

_____ I/We DO NOT GRANT permission for my child to have his or her photo/video taken and published on Good Shepherd Church's private social media page, the church monitors in the gathering space, or other types of media (private or public).

**Drop off or mail completed registration forms to:

Good Shepherd Catholic Church

876 Grays Woods Blvd.

Port Matilda, PA 16870