

VBS CAMPER REGISTRATION FORM - JUNE 26 – June 30, 2017

Registration Deadline: June 1st

T-shirt, music CD, and DVD orders are due by June 1st



Registration & Fee Information: Each family is asked to complete one form. If you are inviting a friend's child to attend, the parents must complete a separate form. Extra forms are available at the church offices. Registration fee is \$20 per child with a maximum of \$45 per family. The fees help cover the expense to operate the program. It is our intention that every child who wants to come to VBS is able to participate, so please check the line on the registration form if financial assistance is desired or if you are able to help another child attend. If your child has any special needs (learning, medical, food allergies, physical, etc.) please comment in the space provided on the form so that we can work with you to provide an appropriate and safe environment for your child. Be aware that for the safety of your child we are unable to administer or store any medications. T-shirts, music CD's & DVD's may be ordered in Fee & Order Section on Side 2 and fees are due at the time of registration.



Return Forms & Fee Payment: Please make checks payable to Queen of Peace Church and return to: **VBS, Queen of Peace, 4170 Pullman Ave, Salem, OR 97302**. Registration space is limited and forms **received after June 1st** may be placed on a waiting list. Please contact Michelle Unger at 503-364-7202 or michelle @qpsalem.org with questions.

Parents of children entering Kindergarten: Please indicate whether you prefer your child to participate in the Pre-K program or the K – 5 program.

VBS REGISTRATION FOR CHILDREN ENTERING KINDERGARTEN - GRADE 5

Child's First Name & Last Name	Birth Date & Year of Birth	Male Or Female	Grade entering in Sept. '17	Special learning or physical needs Food or Medicine Allergies Medication presently taking

Be aware that due to the nature of the mixed-age, family-like crews, campers will have the opportunity to experience friendships with new people. Requests for campers to be in the same group can not be accommodated.

Address _____ Zip Code _____

Email: _____ Church Affiliation _____

Mother's Name _____ Preferred Phone _____

Father's Name _____ Preferred Phone _____

Who will pick up your child each day? _____

PERMISSION FORM & PHOTO RELEASE

In case of illness, accident or emergency to the student(s) named, Queen of Peace Church and its representatives are authorized to proceed as indicated below. Please complete the following information and number each item 1, 2, 3, etc. in the order of action you wish us to take in case of emergency:

___ Emergency Contact: _____ Phone Number: _____

___ If the above cannot be located, contact: _____ Phone Number: _____

___ Contact Family Physician: Doctor Name: _____ Phone Number: _____

___ Take child to nearest emergency hospital or other instruction: _____

Name of Medical Insurance Company: _____ Group or I.D. #: _____

I give permission for my child to participate in this Vacation Bible School. I do hereby release, hold harmless and covenant not to sue the Archdiocese of Portland in Oregon, Queen of Peace Catholic Parish, Calvary Baptist Church, and all employees and leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child. I give permission for my child to be photographed participating in Vacation Bible School activities. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of parent/guardian _____ **Date** _____

Photo/Video Permission: I hereby give Queen of Peace Parish/School and Calvary Baptist Church permission to use photographs/videos of myself, and any family members present at VBS, on its website, in parish/school publications, and/or their *Facebook* page. I understand that there will be no identifying information (e.g., name, age, etc.) included. This permission will be in effect from June 20, 2017 until June 19, 2018. All requests to have pictures/videos removed will be honored.

Signature (Adult/Parent/Guardian) _____ Date

Printed Name (Adult/Parent/Guardian)

PLEASE COMPLETE THIS VBS FEE & ORDER SECTION:

Registration Fees: (\$20/child or \$45/family max.): _____

Music: ___\$8 for CD or ___\$16 for DVD: _____

Order T-Shirt: \$10 per T-shirt (please indicate number of shirts per size)

Child Sizes: ___S ___M ___L ___XL

Adult Sizes: ___S ___M ___L ___XL

Number of T-Shirts X \$10: _____

Offer a Scholarship Gift (To sponsor a child at VBS): _____

Offer Donation to Support our Volunteers (T-shirts, pizza _____

Subtotal of Registration, music, T-shirt and donations: _____

Subtract the amount of financial assistant needed: - _____

TOTAL AMOUNT ENCLOSED: _____

FOR OFFICE USE:

Check #: _____ **Check amount:** _____

Cash amount: _____ **Other payment:** _____

T-shirts and music MUST be ordered by June 1st.