

Vacation Bible School & STREAM Registration Form

Date: June 3rd-7th, 2024

Time: VBS 8:30am-12:30pm AND/OR STREAM Camp 12:30pm-5pm

Ages: Students entering PreK4 through 8th Grades in 2024-2025

Location: St. Paul Catholic Church AND St. Paul Catholic School

Cost: VBS is \$30/child AND STREAM Camp is \$30/child



****Cash/Checks accepted and Checks should be made out to St. Paul Catholic Church.**

****ALL registration forms/payments should be returned to the St. Paul Catholic Church office.**

Child's Name (Last, First)	Birthdate (MM/DD/YYYY)	Grade Level (Fall 2024)	T-shirt Size (Child/Adult)	VBS \$30/Week (8:30am - 12:30pm)	STREAM \$30/Week (12:30pm - 5pm)	Lunch \$5/Day (STREAM Only)
1.						
2.						
3.						
4.						
5.						
6.						

Grand Total for all Children: _____

Payment Method: Cash _____ Check # _____

Scholarship Needed: Full _____ Partial _____

Parent/Guardian Name(s)[1] _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

Parent/Guardian Name(s)[2] _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

Emergency Contact: Person(s) & Phone numbers in case parent/guardian cannot be reached:

Name _____

Phone _____

People authorized to pick up my child _____

Custody Arrangements: _____

OFFICE USE ONLY:	
Payment Received On _____	Payment Amount _____ Form of Payment: Check # _____ Or Cash
Scholarship: Partial _____ or Full	Received By: _____

Complete one form for each child in the family.

1. Child's Name _____ Medical Insurance YES ___ NO ___
Insurance Company _____ Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Learning Disabilities/Special accommodations needed _____
Child's School _____ Child's Church _____

2. Child's Name _____ Medical Insurance YES ___ NO ___
Insurance Company _____ Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Learning Disabilities/Special accommodations needed _____
Child's School _____ Child's Church _____

3. Child's Name _____ Medical Insurance YES ___ NO ___
Insurance Company _____ Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Learning Disabilities/Special accommodations needed _____
Child's School _____ Child's Church _____

4. Child's Name _____ Medical Insurance YES ___ NO ___

Insurance Company _____ Policy/GroupID# _____

Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____

Learning Disabilities/Special accommodations needed _____

Child's School _____ Child's Church _____

5. Child's Name _____ Medical Insurance YES ___ NO ___

Insurance Company _____ Policy/GroupID# _____

Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____

Learning Disabilities/Special accommodations needed _____

Child's School _____ Child's Church _____

6. Child's Name _____ Medical Insurance YES ___ NO ___

Insurance Company _____ Policy/GroupID# _____

Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____

Learning Disabilities/Special accommodations needed _____

Child's School _____ Child's Church _____

LIABILITY RELEASE: In consideration of St. Paul Catholic Church and St. Paul Catholic School allowing the above child(ren) to participate in Vacation Bible School/STREAM Camp activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Paul Catholic Church and St. Paul Catholic School, its directors, employees, volunteers, and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School and/or STREAM Camp. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School/STREAM Camp location in the event of an emergency, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Paul Catholic Church and St. Paul Catholic School, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I give my consent to St. Paul Catholic Church and St. Paul Catholic School to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless St. Paul Catholic Church and St. Paul Catholic School from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)’s tenure at St. Paul Catholic Church and St. Paul Catholic School’s Vacation Bible School/STREAM Camp. ***None of the photos will be for personal use.***

I hereby give permission for my child(ren) to participate in Vacation Bible School/STREAM Camp at St. Paul Catholic Church and St. Paul Catholic School on June 5th-9th, 2023.

Parent/Guardian Signature _____ Date _____

**Please return all completed
Registration/Permission/Waiver forms to:**

Attn: Faith Formation
St. Paul Catholic Church
1330 Sunshine Avenue
Leesburg, FL 34748

