

REGISTRATION FORM VACATION BIBLE SCHOOL

Mon. July 31st thru Friday Aug 4th (9:00AM to 11:45 AM)

MAKER FUN FACTORY

Grades Pre K thru 5

\$25 offering per child or \$40 per family, check payable to CTK

Child's Name _____ Gender _____

Age ____ D.O.B. _____ Last school graded completed _____

Parent's Names _____

Address _____

street

city

state

zip

Phone 1 _____ phone 2 _____

Email address _____

Allergies or medical conditions _____

Emergency Contact _____

Phone _____ Relationship to Child _____

T Shirt Size Youth: small _____ medium _____ Large _____

Adult: small _____ medium _____ Large _____

(please fill out consent form on reverse side)

Registration forms due July 15th



If you would like to volunteer contact Robert Ferri at robferriatk@gmail.com

(Consent Form on Reverse Side)

Parental/Guardian Consent Form and Liability Waiver

I, _____, grant permission for my child, _____, to participate in this parish program. This activity will take place under the guidance of CTK volunteers. As parent/legal guardian, I remain legally responsible for any actions taken by the above-named minor I agree on behalf of myself, my child named herein, or our heirs and successors to hold harmless and defend CTK parish and the Diocese of Providence, its volunteers associated with the program, arising from or in connection with my child's attending the program or connection with any illness or injury or cost of medical treatment in connection therein, and I agree to compensate the parish, its officers, directors, and the Diocese of Providence, volunteers associated with the program for reasonable attorney's fees and expenses arising in connection therein.

Signature: _____ Date: _____ Home Phone: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume responsibility for the health of my child. (Of the following statements, sign only those applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I hereby give my permission to transport a child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment of the hospital or doctor.

FAMILY DOCTOR: _____ Phone: _____

Family Health Plan Carrier: _____ **Policy #:** _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the _____ (Arch)Diocese, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to call collect (with any phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects etc.) _____

Immunizations: Dates of last tetanus/diphtheria _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so date and disease or condition: _____

You should be aware of these special medical conditions of my child: