



# VBS PARTICIPANT

## St. Aloysius Vacation Bible School

### July 15 - 19, 2019 (9am-12pm)

*For children entering PreK (5 yrs) -7th Grade*

**\*Incoming 6th and 7th graders will be in a Pre-Teen VBS group.**

**PLEASE TURN IN THIS FORM BY MAY 31, BUT NO LATER THAN JUNE 14!!**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_ or F \_\_\_\_  
 Age \_\_\_\_ **Grade Entering** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Allergies/Medical Conditions:** \_\_\_\_\_

**PLEASE CIRCLE T-SHIRT SIZE:** Youth: XS, S, M, L      Adult: S, M, L, XL, XXL

**\$10 Early Registration Fee per child; includes t-shirt (\$20 AFTER May 31)**      \$ \_\_\_\_\_  
 Optional Music CD (\$10 ea)    \$10 x \_\_\_\_ # CDs =      \$ \_\_\_\_\_  
 Optional VBS Donation      \$ \_\_\_\_\_  
**Total Enclosed (please make check payable to St. Aloysius VBS) =**      \$ \_\_\_\_\_

**Financial Aid is available. Please contact us at [vbs.stals@gmail.com](mailto:vbs.stals@gmail.com) for more information.**

**OPTIONAL:** List TWO choices of friends/siblings your child would like to be with during VBS.  
 We will do our best to put friends/families together.

1. \_\_\_\_\_      2. \_\_\_\_\_

**MEDICAL & LIABILITY RELEASE - Valid July 15 - 19, 2019** *In the event of sickness or medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor and/or health care provider to transport, treat and/or admit for care my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency, or cannot be contacted, my child's care has been entrusted to the staff designated ministry leadership of St. Aloysius Catholic Church. I hold harmless St. Aloysius Church and all involved with preparation and participation in the Vacation Bible School and claim full responsibility for my son/daughter(s) named below.*

Child's Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

**\*Please return this form with payment to the Rectory, or mail to:  
 Vacation Bible School c/o St. Aloysius Church, 125 E Pleasant Ave., Tulare, CA 93274  
 BY May 31, 2019 for Early Registration, and NO LATER THAN June 14, 2019.**

Cash \_\_\_\_ Check # \_\_\_\_\_