ST.GREGORY PARISH



VACATION BIBLE SCHOOL

773-2511 Mail to or drop off at: PO Box 199, 214 Church St. St. Nazianz. WI 54245

Registration Form

~One per child~

July 22 thru July 26, 2019

8:45 Check-In

9:00am—11:30am Class

Kindergarten—6th

Sponsorship available: Call Melissa ~ 773-3270

St. Naz	manz, W1 54245			
Child's name				Child's gender
Child's ageI	Date of Birth		Last school grade	completed
Name of parent (s)				
Home phone			_Cell	
E-mail				
Registration fee includ	es a t-shirt:			
Please choose one opti	on:			
\$12.00	I will wear my VBS t-sh	nirt from last yo	ear	Six Valiant
\$15.00	Please order me a VBS	t-shirt		
ADULT ~ XL	L M S	SM		V 3
YOUTH ~ L	_ M SM			
PAID AMOUNT	Check no.		Cash	Balance

PHOTO RELEASE

During St. Gregory's Vacation Bible School, St. Gregory may reproduce or participate in photography productions that involve the use of students, names or likenesses. Such production may be useful for educational or exhibition purposes by St. Gregory Church and may be copied, copyrighted, edited and distributed by St. Gregory Church. News media may be permitted on school and parish property and may take pictures that may include your child. These items may appear or be used in news features.

You have the ring the form be	right to object to both the use of your child's name, and/or picture. You may object by completelow.
I, Bible School (hereby request that St. Gregory Vacation do not use pictures or names of my child/children for news releases or promotional activities.
This request w	will be valid during St. Gregory's Vacation Bible School.
Child/Childrer	n's Names
Parent Signatu	ure
HOLD HAI	<u>RMLESS</u>
claims arising investigate and	emnify and hold harmless St. Gregory Parish and School from all loss, damages, liability or out of my name or use of the premise of the school/parish. I also agree to handle, respond to, d defend any claim or alleged claim made against St. Gregory Parish or School arising out of my bearing all other costs and expenses related thereto. I also agree to respect the grounds in which aking place.
Child's name	
Parent's Signa	ature
Date	
	Allergies or other medical conditions:
	In case of emergency contact:
	Telephone:
	Relationship to Child:
	DOCKDG -VBS -2019-Kingdom Rock