

# Joseph: From Prison to Palace

VBS dates: July 24-July 27<sup>th</sup> 9am-noon

Kickoff picnic: July 23 after 10:30am mass



Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Allergies/Medical Issues or Special Needs:

\_\_\_\_\_

Other Child(ren) Name/Age/Grade/Special Needs:

\_\_\_\_\_

\_\_\_\_\_

Do you have a church home?  Yes  No

If yes, what church do you attend? \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Your Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Child: \_\_\_\_\_

Adults with whom your child may be released and their phone numbers:

\_\_\_\_\_

\_\_\_\_\_

Medical Release: In the event I cannot be reached in an emergency during the activity dates shown above, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or other treatment deemed necessary.  Yes

Photo Release: I hereby grant permission to Rooftop Church to use photograph(s) of my child(ren) on its Web site, social media or other official church publications without further consideration.  Yes  No

I give permission for my child(ren) to attend Vacation Bible Study. I certify that I am the parent/guardian of the children named above.

First/Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_