



Christ the King Vacation Bible School-Shipwrecked Rescued by Jesus
 June 11-15 8:45-12:00
 Preschool through 5th grade- One form per child

Name: _____ Age: _____ Grade Entering: _____

School Attending: _____ Gender: M F

Parent/Guardian: _____

Address: _____

Phone: _____ Cell: _____

Parent email: _____

Allergies/Medical Conditions: _____

Emergency Contact: _____ Phone: _____

Second Emergency Contact: _____ Phone: _____

Please list two children your child would like to be grouped with (no guarantees)

1. _____ 2. _____

T-shirt size desired: youth small 6-8 youth med 10-12 youth large 14-16
 Adult small Adult med Adult large Adult x-large

Cost: \$40 per child (\$100 family cap) or:

Adults-volunteer for a discount! - 18 or over
 Full time volunteers \$20 per child- I will attend June 11-15 from 8:45-12:00
 Volunteer t-shirt size S M L XL

Part time volunteer \$30 per child-minimum requirement 2 hours per child

_____ Decorations/set up June 8 9:30-11:30
 _____ Single day volunteer 8:30-12:00 M T W TH F
 IF you volunteer 2 or more days you receive a t-shirt
 Please circle size S M L XL

CD's available for \$10

\$ _____ registration fee
 \$ _____ late registrations fee: additional \$25 after April 16th
 \$ _____ CD's
 \$ _____ total cost

Please fill out the emergency medical consent form.
 Questions call Lisa 339-2491 lisazamboni@gmail.com
 REGISTRATION DEADLINE: APRIL 16



Volunteer Registration Form-Shipwrecked Rescued by Jesus
June 11-15 8:45-12:00
Christ the King 2018

Name: _____ Age: _____ Grade Entering: _____

School Attending: _____ Gender: M F

Parent/Guardian: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Allergies/Medical Conditions: _____

Emergency Contact: _____ Phone: _____

Second Emergency Contact: _____ Phone: _____

T-shirt size: youth med 10-12 youth large 14-16
 Adult small Adult med Adult large Adult x-large

In which are would you like to volunteer? (There are no guarantees, volunteers will be placed where there is a need, and however every effort will be made to honor requests. No requests taken for volunteering with friends.)

- _____ Crew leader in preschool
- _____ Crew leader w/school age (this is where most volunteers are needed)
- _____ Helper in craft room
- _____ Helper in KidVid Cinema
- _____ Helper in Bible Discovery
- _____ Helper in games

Each volunteer must have a current background check and watch the Safe Environment Video.

Please fill out the emergency medical consent form.

Questions call Carla 993-8238 cas42276@yahoo.com



Diocese of Fort Wayne – South Bend

Emergency Information

The information below *must* be kept on file in the school office. Complete this form for each child and send it back to school tomorrow. Parents must complete this form prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Address _____ Home Phone _____

City, State, Zip _____

Who should we call if there is an emergency regarding this child, and in what order should we call them?

(This list should include parents & guardians)

	Name	Relationship to Child	Phone Number(s)	Please check
1				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
2				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
3				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
4				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
5				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work

CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and not by the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

Dr. _____ is my preferred physician.

Dr. _____ is my preferred dentist.

____ Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

The school may disclose the following checked information to a health care provider:

____ Insurance Company: _____ Policy/Group/Claim # _____

____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.