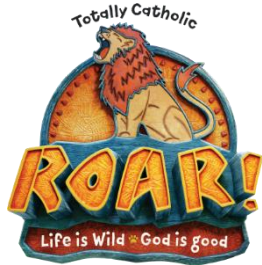


**St. Joseph Odenton**  
 Carollynn Abbott  
[cabbott@stjosephodenton.org](mailto:cabbott@stjosephodenton.org)  
 410-674-9238 ext. 211

**St. Elizabeth Ann Seton**  
 MARY OSHIRO  
[mary.oshiro@seaseton.org](mailto:mary.oshiro@seaseton.org)  
 410-721-5770, ext. 222

**Our Lady of the Fields**  
 Lisa Hogan  
[lisa@olfparish.org](mailto:lisa@olfparish.org)  
 410-923-7037



# Vacation Bible School Registration Form

## July 15-19, 2019 • 9 AM - 12 PM

**Deadline - May 31** PLEASE COMPLETE BOTH SIDES

Parent/Guardian PLEASE PRINT CLEARLY  
 Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

Parish:  St. Elizabeth Ann Seton  St. Joseph Odenton  Our Lady of the Fields

**Registration Fee:**  
**\$50 per child**

Please submit checks and registration form to your parish by **May 31, 2019**

**ONLINE OPTION!**  
**Contact your parish for online giving option.**

OFFICE USE ONLY	
Date Received	_____
Amount Paid	_____
Check No. _____	Check Date _____
Parent Volunteer? _____	Y / N _____

**MEDICAL RELEASE FORM** Name of event: **Vacation Bible School, July 15-19, 2019**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor or minors, do hereby authorize adult volunteers of **St. Elizabeth Ann Seton, Our Lady of the Fields** and **St. Joseph, Odenton** parishes as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from liability **St. Elizabeth Ann Seton, Our Lady of the Fields** and **St. Joseph, Odenton** parishes, any of its ministers or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

*If Parent/Legal Guardian is not available in an EMERGENCY, CONTACT:*

1. \_\_\_\_\_  

NAME
PHONE
2. \_\_\_\_\_  

NAME
PHONE

Our VBS is for children ages 4-10. Children age 4 must be toilet trained, able to follow directions, and have preschool experience. Children age 11 and older may participate as assistants to adult leaders.

Adult volunteers and youth ages 14-17 must comply with the Archdiocesan Policy for the Protection of Children and Youth.  
**REGISTER FOR EACH CHILD ON THE REVERSE SIDE. IF YOU NEED MORE SPACE, ATTACH ANOTHER FORM.**

Child's Full Name

Nickname

Grade for **September 2019** (Check)

Child's Birthdate

Pre-K  K  1  2  3  4  5

T-shirt Size: Youth S  M  L  Adult S  M  L

Please list any allergies. Include medications, food, and seasonal allergies:

Does your child have any medical or special needs?  No

Yes If yes, please explain:

Please list medications your child is taking:

Will this medicine need to be administered during VBS?

no  yes\* TIME:

no  yes\* TIME:

*\*Medications needing to be administered during VBS must be delivered to the nurse in a clearly labeled bottle. Please indicate "as needed" and let us know if your child will carry his or her own epi-pen or rescue inhaler.*

Child's Full Name

Nickname

Grade for **September 2019** (Check)

Child's Birthdate

Pre-K  K  1  2  3  4  5

T-shirt Size: Youth S  M  L  Adult S  M  L

Please list any allergies. Include medications, food, and seasonal allergies:

Does your child have any medical or special needs?  No

Yes If yes, please explain:

Please list medications your child is taking:

Will this medicine need to be administered during VBS?

no  yes\* TIME:

no  yes\* TIME:

*\*Medications needing to be administered during VBS must be delivered to the nurse in a clearly labeled bottle. Please indicate "as needed" and let us know if your child will carry his or her own epi-pen or rescue inhaler.*

Child's Full Name

Nickname

Grade for **September 2019** (Check)

Child's Birthdate

Pre-K  K  1  2  3  4  5

T-shirt Size: Youth S  M  L  Adult S  M  L

Please list any allergies. Include medications, food, and seasonal allergies:

Does your child have any medical or special needs?  No

Yes If yes, please explain:

Please list medications your child is taking:

Will this medicine need to be administered during VBS ?

no  yes\* TIME:

no  yes\* TIME:

*\*Medications needing to be administered during VBS must be delivered to the nurse in a clearly labeled bottle. Please indicate "as needed" and let us know if your child will carry his or her own epi-pen or rescue inhaler.*