

ST. ANNE RELIGIOUS EDUCATION

551 Boulder Hill Pass

PO Box 670

Oswego, Illinois 60543

630- 554-1425

FAX 630-554-9797



2023 "Marvelous Mystery" Vacation Bible School
July 24 - 27, 2023 from 9:00 to Noon

NOTE: VBS is 4 days only this year!

Return by July 10, 2023

Registration is first come, first served

Father's Name _____ Cell or Work Phone _____ E-mail Address _____

Mother's Name _____ Cell or Work Phone _____ E-mail Address _____

Primary Address _____ City/ Zip _____ Home Phone (if applicable) _____

Emergency Contact (other than parents) _____ Relationship _____ Telephone _____

Parent Volunteer will be on site: yes no

Note "Grade in Fall" as K, 1, 2, 3, 4 or 5

Snacks will be served. Be sure to include any food allergies.

Child 1 _____ Date of Birth _____ Gender: M F Grade in Fall: _____

Medical Conditions, Medicines, Allergies, Learning Considerations: _____

Child 2 _____ Date of Birth _____ Gender: M F Grade in Fall: _____

Medical Conditions, Medicines, Allergies, Learning Considerations: _____

Child 3 _____ Date of Birth _____ Gender: M F Grade in Fall: _____

Medical Conditions, Medicines, Allergies, Learning Considerations: _____

VIDEOTAPING AND STILL PHOTOGRAPHS

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and /or still photographs, which may be used for future promotional efforts, including the St. Anne Parish and Diocese of Joliet websites.

MEDICAL PERMISSION

I grant permission for the administration of First Aid to my child(ren), by the people in charge of the St. Anne Religious Education Program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for the children enrolled in the program (names on front page).

Signature of Parent/Guardian _____ Date _____

"The parties agree that this document may be electronically signed and that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility."

INSURANCE INFORMATION

Policy in the name of _____

Insurance Company _____

Policy # _____ ID # _____

Authorized Physician _____ Phone _____

PAYMENT INFORMATION

Registration Fee is \$25.00 per child (*Fee is waived if a parent volunteers for the week.*)

Please indicate your payment method

- PayPal (*via parish website, service fee included*)
- Check (*made out to St. Anne RE; write "VBS" in memo; if also paying for RE tuition separate checks please; mail to: St. Anne RE, PO Box 670, Oswego, IL 60543*)
- Cash (*note that the RE Office cannot provide change*)