

ST. ANNE RELIGIOUS EDUCATION

551 Boulder Hill Pass

PO Box 670

Oswego, Illinois 60543

630- 554-1425

FAX 630-554-9797

**2025 “Radical Ride” Vacation Bible School
July 21 - 25, 2025 from 9:00 to Noon**

NOTE: VBS is all 5 days this year!

Return by July 15, 2025

Registration is first come, first served



Father's Name Preferred Phone # E-mail Address

Mother's Name Preferred Phone # E-mail Address

Primary Address City/ Zip Home Phone (if applicable)

Emergency Contact (*other than parents*) Relationship to Child(ren) 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, Food Allergies, Learning Considerations: _____

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

Medical Conditions, Food Allergies, Learning Considerations: _____

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

Medical Conditions, Food Allergies, Learning Considerations: _____

(over)

ST. ANNE RELIGIOUS EDUCATION PERMISSION – ACKNOWLEDGEMENT – RELEASE FORM

I, (parent/guardian signing below), request that my child(ren) identified on this registration form be allowed to participate in the St. Anne Religious Education VBS program. I hereby release and indemnify St. Anne, it's staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child(ren)'s participation in St. Anne Religious Education.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Anne Parish, and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in anything related to Vacation Bible School.

VIDEO TAPING, STILL PHOTOGRAPHS: Video and still photographs may be taken during VBS. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the parish and/or Diocese of Joliet website.

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 or emergency personnel for the 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 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.

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 _____

ID # _____ **Policy/Group #** _____

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*)