

**ST. JOHN PAUL II PARISH
VACATION BIBLE SCHOOL
JUNE 19 – JUNE 23, 2023**

9:00 – NOON MON. – THURS.

& 9:00—1:00 FRIDAY

St. Bridget of Kildare Church



Parents' Names _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Address _____

Phone Number(s) _____

Email(s) _____

Notes (allergies, restrictions, special needs...)

OTHER Adult(s) Authorized for Pick-Up

Name & Phone # _____

Return this registration form to the parish office or email it to Molly Bickford:

StPatStBridget@gmail.com

Once you have registered, look for an email from www.SignUpGenius.com
In lieu of a camp fee, each family is asked to choose donations to make on the
first day of VBS to support our camp supply needs.

CONTINUED ON PAGE 2...

Parent /Guardian Authorization

My child, _____, has my permission to participate in St. John Paul II Parish Faith Formation classes and activities. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John Paul II Parish, its officers, directors, employees and agents, and the Diocese of Norwich, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the Faith Formation program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Norwich, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Norwich.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. No medication of any type, whether prescription or non-prescription, will be administered to any child by any representative of St. John Paul II Parish.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____